

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000003884

**FILED**  
**Apr 01, 2004**  
**Secretary of State****Entity Name:** EDEN INSTITUTE INC.**Current Principal Place of Business:**1 EDEN WAY  
PRINCETON, NJ 08540**New Principal Place of Business:****Current Mailing Address:**1 EDEN WAY  
PRINCETON, NJ 08540**New Mailing Address:****FEI Number:** 22-2069597**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ISLER, VICKI  
EDEN FLORIDA  
13631 LEARNING COURT  
FORT MYERS, FL 33919 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** C ( ) Delete  
**Name:** NOONAN, WILLIAM  
**Address:** 51 CLARKE CT  
**City-St-Zip:** PRINCETON, NJ 08540**Title:** VC ( ) Delete  
**Name:** PAPAROZZI, LOUIS  
**Address:** 33 W 19 ANT ROAD  
**City-St-Zip:** CREAMRIDGE, NJ 08514**Title:** TTR ( ) Delete  
**Name:** NAPODA, JAMES  
**Address:** 370 SCOTCH ROAD  
**City-St-Zip:** WEST TRENTON, NJ 08628 US**Title:** S ( ) Delete  
**Name:** GOLDMAN, ROBERT  
**Address:** 4933 TAMiami TRAIL NORTH SUITE #203  
**City-St-Zip:** NAPLES, FL 34103**Title:** PD ( ) Delete  
**Name:** HOLMES, DAVID L  
**Address:** EDEN WAY 1  
**City-St-Zip:** PRINCETON, NJ**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** C (X) Change ( ) Addition  
**Name:** PAPAROZZI, LOUIS  
**Address:** 33 WYGANT ROAD  
**City-St-Zip:** CREAM RIDGE, NJ 08514**Title:** VC (X) Change ( ) Addition  
**Name:** DAWSON, PETER  
**Address:** 1 EDEN WAY  
**City-St-Zip:** PRINCETON, NJ 08540**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD (X) Change ( ) Addition  
**Name:** HOLMES, DAVID L  
**Address:** 1 EDEN WAY  
**City-St-Zip:** PRINCETON, NJ 08540

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID L. HOLMES

PD

04/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date