2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L75352

Entity Name: ASSOCIATES FOR HUMAN DEVELOPMENT, P.A.

Current Principal Place of Business:

2231 N. UNIVERSITY DR
SUITE C
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

2699 STIRLING ROAD
SUITE A-105
HOLLYWOOD, FL 33312 US

Current Mailing Address:

2231 N. UNIVERSITY DR
SUITE C
PEMBROKE PINES, FL 33024 US

New Mailing Address:

2699 STIRLING ROAD
SUITE A-105
HOLLYWOOD, FL 33312 US

FEI Number: 65-0243921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNESKI & KNESKI
19 E. FLAGER ST
STE 807
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

DESMIDT, CHERYL M LMFT
2699 STIRLING ROAD
SUITE A-105
HOLLYWOOD, FL 33312 US

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: CHERYL M. DESMIDT, LMFT 04/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: DESMIDT, CHERYL M LMFT
Address: 2231 N UNIVERSITY DRIVE, SUITE C
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DESMIDT, CHERYL M LMFT
Address: 2699 STIRLING ROAD, SUITE A-105
City-St-Zip: HOLLYWOOD, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL M. DESMIDT, LMFT PRES 04/16/2008
Electronic Signature of Signing Officer or Director Date