
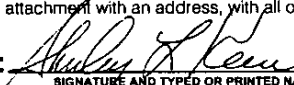


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90089 001 \*\*\*150.00

<b>DOCUMENT # L81113</b>																													
<b>1. Entity Name</b> <b>NATIONAL BOARD OF HYPNOSIS EDUCATION AND CERTIFICATION, INC.</b>																													
<b>Principal Place of Business</b> 830 N. WOODLAND BLVD DELAND, FL 32720 US			<b>Mailing Address</b> 830 N. WOODLAND BLVD DELAND, FL 32720 US																										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0209326																									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  KEIN, SHIRLEY L 197 GLENWOOD RD DELAND, FL 32720			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Name</b></td> <td colspan="5">KEIN, SHIRLEY L</td> </tr> <tr> <td style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> <td colspan="5"></td> </tr> <tr> <td style="padding: 2px;"><b>City</b></td> <td colspan="4">127 MANOR VIEW LN</td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>State</b></td> <td colspan="4">DELAND</td> <td><b>Zip Code</b> 32724</td> </tr> </table>			<b>Name</b>	KEIN, SHIRLEY L					<b>Street Address (P.O. Box Number is Not Acceptable)</b>						<b>City</b>	127 MANOR VIEW LN					<b>State</b>	DELAND				<b>Zip Code</b> 32724
<b>Name</b>	KEIN, SHIRLEY L																												
<b>Street Address (P.O. Box Number is Not Acceptable)</b>																													
<b>City</b>	127 MANOR VIEW LN																												
<b>State</b>	DELAND				<b>Zip Code</b> 32724																								
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>																													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><b>DATE</b> _____</span>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	KEIN, SHIRLEY L		NAME	KEIN, SHIRLEY L																									
STREET ADDRESS	216 STONINGTON WAY		STREET ADDRESS	127 MANOR VIEW LN																									
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32724																									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
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STREET ADDRESS			STREET ADDRESS																										
CITY-ST-ZIP			CITY-ST-ZIP																										
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>																													
<b>SIGNATURE:</b>  <b>SHIRLEY L KEIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04/05/07</b> <b>(386) 738-9188</b> <small>Date Daytime Phone #</small>																										