2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N00000003576

Entity Name: CENTER FOR EDUCATION, TRAINING, AND HOLISTIC APPROACHES, INC.

Current Principal Place of Business:

14610 MILITARY TRAIL
G-1
DELRAY BEACH, FL 33484

New Principal Place of Business:

2501 SEACREST BLVD
DELRAY BEACH, FL 33444 US

Current Mailing Address:

777 E. ATLANTIC AVENUE
Z-242
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-1011102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERNADEL, JOSEPH M
394 SE 5TH AVE
DELRAY BEACH, FL 33483 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:	AM	( ) Delete
Name:	BERNADEL, JOSEPH	
Address:	777 E. ATLANTIC AVENUE # 242	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	AM	( ) Delete
Name:	ALLERDYCE, DIANE	
Address:	777 E. ATLANTIC AVENUE # 242	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	DST	( ) Delete
Name:	SALOMON, JOEL	
Address:	10438 DORCHESTER DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	ST	( ) Delete
Name:	FAULDS, W. ROD	
Address:	FAU UNIVERSITY GALLENS	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	BM	( ) Delete
Name:	WEISS, GLENN	
Address:	777 GLADES RD	
City-St-Zip:	BOCA RATON, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DST	(X) Change ( ) Addition
Name:	SOLOMON, JOEL	
Address:	10438 DORCHESTER DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL SOLOMON DST 05/01/2008

Electronic Signature of Signing Officer or Director — Date