2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005397

STUART, FL 34996

LANGE, JANET

4 OLD FENCE RD.

SERINO, JAMIE L

TEQUESTA, FL 33469

363 CEDAR AVE

() Delete

PALM BEACH GARDENS, FL 33418

() Delete

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: THE BORLAND CENTER, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3970 RCA BLVD. **SUITE 7009** PALM BEACH GARDENS, FL 33410 **New Mailing Address: Current Mailing Address:** 3970 RCA BLVD. **SUITE 7009** PALM BEACH GARDENS, FL 33410 FEI Number: 65-1039309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SERINO, JAMIE L 3970 RCA BLVD. **SUITE 7009** PALM BEACH GARDENS, FL 33410 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GONZALEZ, HR JR Name: Name: Address: 117 ELSA RD Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: Title: () Delete () Change () Addition UNDERWOOD, RAYMOND DR Name: Name: Address: 268 COCO PLUM DRIVE NO Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: Title: () Change () Addition () Delete DYER, MIKE Name: Name: 9 PINEAPPLE LANE - SEWELL'S POINT Address: 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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: DR. RAYMOND R. UNDERWOOD C 04/30/2007

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