

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003849

FILED
Aug 12, 2005
Secretary of State

Entity Name: CENTRE OF TRANSFORMATION, INC.

Current Principal Place of Business:

5547 N ST RD 7
TAMARAC, FL 33319

New Principal Place of Business:

351 WEST HILLSBORO BLVD
ROOM 303
DEERFIELD BEACH, FL 334411801

Current Mailing Address:

PO BOX 935005
MARGATE, FL 33093

New Mailing Address:

5529 NW 44TH WAY
COCONUT CREEK, FL 330735010

FEI Number: 65-1053601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SAPP, BONNIE
4351 N.W. 25 PLACE
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

SAPP, BONNIE
5529 NW 44TH WAY
COCONUT CREEK, FL 330735010 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: BONNIE SAPP

08/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAPP, BONNIE
Address: 4351 NW 25TH PLACE
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: TR () Delete
Name: SMITH, LINDA
Address: 5301 NW 27TH ST APT 2-C
City-St-Zip: LAUDERHILL, FL 33313

Title: SEC () Delete
Name: THOMAS, DONNA
Address: 1612 NW 15TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAPP, BONNIE
Address: 5529 NW 44TH WAY
City-St-Zip: COCONUT CREEK, FL 330705010

Title: SEC (X) Change () Addition
Name: SMITH, LINDA
Address: 1631 NORTH CYPRESS ROAD
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD (X) Change () Addition
Name: WILSON, EUNICE
Address: 3286 NW 41ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

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: BONNIE SAPP

D

08/12/2005

Electronic Signature of Signing Officer or Director

Date