

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 25, 2006  
Secretary of State**

DOCUMENT# N01000008212

**Entity Name:** COMMUNITY BUILDERS HOLISTIC DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

5601 NW 7TH AVE.  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

400 NW 38TH PLACE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 01-0572659      **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:**

STYLES, NATHANIEL B JR  
400 NW 38 PL  
POMPANO BCH, FL 33064      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: D      ( ) Delete  
Name: WOODARD, HARLAN E  
Address: 1241 NW 99 ST  
City-St-Zip: MIAMI, FL 33147

Title: D      ( ) Delete  
Name: STYLES, DONNA M  
Address: 400 NW 38 PL  
City-St-Zip: POMPANO BCH, FL 33064

Title: D      ( ) Delete  
Name: STYLES, NATHANIEL B JR  
Address: 400 NW 38 PL  
City-St-Zip: POMPANO BCH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: NATHANIEL B. STYLES, JR.

D

08/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date