2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N02000001119

Entity Name: SILLIMAN ALUMNI SOUTH FLORIDA, INC.

Current Principal Place of Business:

702 S.W. 15 STREET
FORT LAUDERDALE, FL 33315 US

New Principal Place of Business:

Current Mailing Address:

702 S.W. 15 STREET
FORT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 20-4538430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUANG, VICTOR
702 S.W. 15 STREET
FORT LAUDERDALE, FL 33315 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: PD ( ) Delete
Name: WILSON, GAUDELIA
Address: 610 SE 7TH AVE.
City-St-Zip: DEERFIELD, FL 33441

Title: VD ( ) Delete
Name: DURAY, ERIKA
Address: 4972 NW 51 STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: TD ( ) Delete
Name: LIGON, CHRISTINE
Address: 3373 S. CARAMBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD ( ) Delete
Name: SINGH, CLARISSA
Address: 18124 CORAL BAY
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: HOBART, GLENDA
Address: 4501 E. COUNTRY CLUB CIRCLE
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete
Name: PONTENEILA, EMMA
Address: 7000 NW 63 COURT
City-St-Zip: TAMARAC, FL 33321

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:

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 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: GLENDA J. HOBART D 04/28/2007

Electronic Signature of Signing Officer or Director — Date