2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N02000009006

Entity Name: CENTER FOR HOLISTIC INSTRUCTION, INC.

Current Principal Place of Business:

1455 48TH AVENUE
VERO BEACH, FL 32966

New Principal Place of Business:

1640 42ND CIRCLE
#211
VERO BEACH, FL 32967

Current Mailing Address:

P.O. BOX 592
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 06-1666486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, KAREN A MNM
1455 48TH AVENUE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

FISHER, KAREN A MNM
1640 42ND CIRCLE
#211
VERO BEACH, FL 32967 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: _____ 04/16/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FISHER, KAREN A MNM
Address: 1455 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966 US

Title: D ( ) Delete
Name: ZISIADES, ANDREW J
Address: 1455 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: D ( ) Delete
Name: FISHER, DIRK L
Address: 1455 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FISHER, KAREN A MNM
Address: 1640 42ND CIRCLE #211
City-St-Zip: VERO BEACH, FL 32967 US

Title: D (X) Change ( ) Addition
Name: ZISIADES, ANDREW J
Address: 1171 OLD DIXIE HWY #4
City-St-Zip: VERO BEACH, FL 32960

Title: D (X) Change ( ) Addition
Name: FISHER, DIRK L
Address: 1640 42ND CIRCLE #211
City-St-Zip: VERO BEACH, FL 32967

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: KAREN A FISHER MNM D 04/16/2007
Electronic Signature of Signing Officer or Director — Date