


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003111	
1. Entity Name STRATEGIC BUSINESS INSTITUTE, INC.	

Principal Place of Business 9260 SW 14TH ST STE 2507 BOCA RATON, FL 33429-1890	Mailing Address 9260 SW 14TH ST STE 2507 BOCA RATON, FL 33429-1890
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02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 36-4552790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MROZINSKI, PHILLIP D
9260 SW 14TH ST
STE 2507
BOCA RATON, FL 33429-1890

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000531187 05/06/06-80027-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MROZINSKI, PHILLIP D 9260 SW 14TH ST STE 2507 BOCA RATON, FL 334291890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEDZIK, PATRICIA 9260 SW 14TH ST STE 2507 BOCA RATON, FL 334291890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELP, JOHN DR 9260 SW 14TH ST STE 2507 BOCA RATON, FL 334291890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip D. Mrozinski 4/10/2006 561-477-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

PRESIDENT