


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 016 ****61.25

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

40030411

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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33428-1890		33428-1890	
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02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 36-4552790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MROZINSKI, PHILLIP D 9260 SW 14TH ST STE 2507 BOCA RATON, FL 33429-1890	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code 33428-1890

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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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	Dir.	3-5-07	561-477-1484
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