2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N04000003384

Entity Name: CENTER HUMAN INTEGRATION LOVE & DEDICATION, INC.

Current Principal Place of Business:

PO BOX 2336
LAKE PLACID, FL 33862

New Principal Place of Business:

108 PINE DRIVE
LAKE PLACID, FL 33862

Current Mailing Address:

P. O. BOX 2336
LAKE PLACID, FL 33862

New Mailing Address:

FEI Number: 20-2599045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALBERNI, JOSE D
108 PINE DRIVE
LAKE PLACID, FL 33852 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: P ( ) Delete
Name: ALBERNI, LOURDES A
Address: P.O. BOX 2336
City-St-Zip: LAKE PLACID, FL 33862

Title: VD ( ) Delete
Name: BALTODANO, LAURA A
Address: 360 NW JANET STREET
City-St-Zip: PULLMAN, WA 99163

Title: TD ( ) Delete
Name: GARRIDO, LISETTE
Address: 360 NW JANET STREET
City-St-Zip: PULLMAN, WA 99163

Title: SD ( ) Delete
Name: UKENYE, SUNNY
Address: P.O. BOX 2336
City-St-Zip: LAKE PLACID, FL 33862

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:

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: LOURDES A ALBERNI P 04/30/2007

Electronic Signature of Signing Officer or Director — Date