

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006699

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE INSTITUTE FOR UNIVERSAL HUMAN RIGHTS, INC.

Current Principal Place of Business:

2117 HOLLYWOOD BLVD
STE 107
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2117 HOLLYWOOD BLVD
STE 107
HOLLYWOOD, FL 33020

New Mailing Address:

PO BOX 813908
HOLLYWOOD, FL 33081

FEI Number: 02-0742565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, NANCY
PO BOX 813908
HOLLYWOOD, FL 33081 US

Name and Address of New Registered Agent:

FOWLER, NANCY
2117 HOLLYWOOD BLVD
STE 107
HOLLYWOOD, FL 33020 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: _____

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FOWLER, NANCY
Address: 2117 HOLLYWOOD BLVD STE 107
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS () Delete
Name: FOWLER, MARY
Address: 2117 HOLLYWOOD BLVD STE 107
City-St-Zip: HOLLYWOOD, FL 33020

Title: DT () Delete
Name: SCHWAB, SHERYL
Address: 2117 HOLLYWOOD BLVD STE 107
City-St-Zip: HOLLYWOOD, FL 33020

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:

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: NANCY FOWLER

DP

04/24/2007

Electronic Signature of Signing Officer or Director

Date