2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCLIMENT # N05000000477



FILED Apr 24, 2006 8:00 am Secretary of State

1. Enlity Name THE INSTITUTE FOR STRATEGIC LEADERSHIP STUDIES & ENTERPRISE DEVELOPMENT, INC				04	1-24-2006 90397 04	1 ****61	1.25	
10158 LEXINGTON CIR N 101			Mailing Address 10158 LEXINGTON CIR N BOYNTON BCH, FL 33436					
2. Principal Place of Business 3. Ma		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E03	7 (11/05)		
City & State		City & State	City & State		3905413		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Name				
GREEN, JACK 10158 LEXINGTON CIR N BOYNTON BCH, FL 33436			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
·			City	ty FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regi	istered agent, or both, in	the State of Florida. I am fo	amiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when rendstating) DATE								
				day on Mison responsible	• • • • • • • • • • • • • • • • • • • •			
	Filing Fee is \$61.25 Due by May 1, 2006		paign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart			
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Make check	ment of St	tate	
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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 tole and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or display of the corporation or the receiver or trustel empowered/to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or place changed, or on an attachment with an address. With a popular like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR