2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # N05000000891 05-01-2006 90383 044 ****61.25 INSTITUTE FOR SPIRITUAL AND EMOTIONAL ENRICHMENT, INC. Principal Place of Business Mailing Address 6329 COPPER LAKE COURT **6329 COPPER LAKE COURT BOYNTON BEACH, FL 33437** BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-NP CR2E037 (11/05) 4. FEI Number 45-125 1349 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHSTEIN, SOLOMON RABBI 6329 COPPER LAKE COURT Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH, FL 33437 City Zip Code 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. - 7 SIGNATURE Sonature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signature required when renessand) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 POFO TITLE Delete ☐ Change ☐ Addition ROTHSTEIN, SOLOMON RABBI NAME NAME STREET ADDRESS 6329 COPPER LAKE COURT STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE ☐ Delete THE Change ■ Addition KITTLE, PHILIP DR. Kittle, Philip Dr. NAME STREET ADDRESS P.O. BOX 2421 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33468 CITY-ST-7IP 3427 ☐ Delete TITLE Chance | ☐ Addition NAME LAYNE, GLORIA B NAME 6329 COPPER LAKE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP

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.

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