



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000000891</b> 1. Entity Name <b>INSTITUTE FOR CONFLICT RESOLUTION, INC.</b>			
Principal Place of Business <b>6329 COPPER LAKE COURT BOYNTON BEACH, FL 33437</b>		Mailing Address <b>6329 COPPER LAKE COURT BOYNTON BEACH, FL 33437</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04022008 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>65-1251349</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROTHSTEIN, SOLOMON RABBI 6329 COPPER LAKE COURT BOYNTON BEACH, FL 33437</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		000000896130 04/18/08-80043-014 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROTHSTEIN, SOLOMON RABBI 6329 COPPER LAKE COURT BOYNTON BEACH, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KITTLE, PHILIP DR. PO BOX 272620 BOCA RATON, FL 33427		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAYNE, GLORIA B 6329 COPPER LAKE COURT BOYNTON BEACH, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u><i>Solomon Rothstein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/2/08 561-752-8604 <small>Date Daytime Phone #</small>	