2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N05000009989

Entity Name: CENTER FOR PERSONAL & PROFESSIONAL DEVELOPMENT, INC.

Current Principal Place of Business:

2868 MISSION ROAD
SUITE B
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2868 MISSION ROAD
SUITE B
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 76-0802251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOMBLE, TERESA W
2868 MISSION ROAD
SUITE B
TALLAHASSEE, FL 32304 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: D ( ) Delete
Name: NIXON, ROBERT
Address: 1363 E. LAFAYETTE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete
Name: MITCHELL, EDWARD
Address: 2606 GREEN CROSSINF DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Delete
Name: SCOTT, LOIS
Address: 1018 MOHICAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete
Name: WADE-HILL, VANESSA
Address: 4420 WESTOVER DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: HARRISON, KHARI
Address: 3169 LAYLA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: DONALD, JENNIFER
Address: 400 CAPITAL CIRCLE SE #10
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOMBLE, TERESA W
Address: 2868 MISSION ROAD, SUITE B
City-St-Zip: TALLAHASSEE, FL 32304

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:

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: TERESA W. WOMBLE PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date