

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001722

FILED
May 01, 2008
Secretary of State

Entity Name: BEYOND EXPECTATIONS, INC.

Current Principal Place of Business:

8000 NORTH FEDERAL HIGHWAY
SUITE 207
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

8000 NORTH FEDERAL HIGHWAY
SUITE 207
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-4335875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORGENSTEIN, CHARLES R
8000 NORTH FEDERAL HIGHWAY
SUITE 207
BOCA RATON, FL 33487 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORGENSTEIN, CHARLES R ESQ
Address: 700 NE HARBOUR TERRACE, #329
City-St-Zip: BOCA RATON, FL 33431

Title: VPD () Delete
Name: MORGENSTEIN, SHARON L
Address: 700 NE HARBOUR TERRACE, #329
City-St-Zip: BOCA RATON, FL 33309

Title: D () Delete
Name: KARPF, LAURIE MD
Address: 9325 GLADES ROAD, SUITE 208
City-St-Zip: BOCA RATON, FL 33434

Title: SD () Delete
Name: JANTZEN, MCNEEL G PHD
Address: 777 GLADES ROAD, CCS & BRAIN SCIENCES
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: HOBAN, KAREN
Address: 700 NE HARBOUR TERRACE, UNIT 330
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: WALDMAN, FERN A
Address: 800 MEADOWS ROAD
City-St-Zip: BOCA RATON, FL 33486

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:

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: CHARLES R. MORGENSTEIN

P/D

05/01/2008

Electronic Signature of Signing Officer or Director

Date