2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N08000004672

Entity Name: HOUSE OF WISDOM RESTART CENTER INC.

Current Principal Place of Business:

4 SOUTHERN CROSS LANE #201
BOYNTON BEACH, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3414
BOYNTON BEACH, FL 33424

New Mailing Address:

4 SOUTHERN CROSS LANE #201
BOYNTON BEACH, FL 33434 US

FEI Number: 26-2606687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WISDOM, SOPHIA N
4 SOUTHERN CROSS LANE
201
BOYNTON BEACH, FL 33444 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: PD ( ) Delete
Name: WISDOM, SOPHIA N
Address: 4 SOUTHERN CROSS LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD ( ) Delete
Name: JUERGENS, JOHN G
Address: 3660 N.E. 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete
Name: PENNANT, LORAINE
Address: 3100 N. PINE ISLAND RD #104
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete
Name: MITCHELL, RAY ANTHONY
Address: 119 SE 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33483

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:

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: SOPHIA WISDOM PD 01/05/2009

Electronic Signature of Signing Officer or Director — Date