2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N30350

Entity Name: CENTRE FOR INNOVATIVE SOLUTIONS, INC.

Current Principal Place of Business:

10001 W OAKLAND PK BLVD
#304
SUNRISE, FL 33351 US

New Principal Place of Business:

10001 W OAKLAND PK BLVD
#200
SUNRISE, FL 33351 US

Current Mailing Address:

10001 W OAKLAND PARK BLVD
#304
SUNRISE, FL 33351 US

New Mailing Address:

10001 W OAKLAND PARK BLVD
#200
SUNRISE, FL 33351 US

FEI Number: 65-0099955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERGUSON, DAVID L PSD
5311 NE 16TH AVENUE
FORT LAUDERDALE, FL 33334 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:	PSD	( ) Delete
Name:	FERGUSON, DAVID L PH.D	
Address:	5311 NE 16TH AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33334	
Title:	VD	( ) Delete
Name:	SHIENDLING, STEVEN	
Address:	10001 WEST OAKLAND PARK BLVD, #302	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	JEANNE, STARK DR.	
Address:	2251 NW 26TH COURT	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	D	( ) Delete
Name:	TERRY, DARLENE	
Address:	11290 NW 14TH COURT	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	STD	( ) Delete
Name:	SHERRY HOTLZMAN,	
Address:	2251 NW 26TH AVE	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	D	( ) Delete
Name:	TWENSEY, SHAWANA	
Address:	4510 NW 36TH STREET	
City-St-Zip:	LAUDERDALE LAKES, FL 33319	

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: DAVID L. FERGUSON, PH.D. PSD 04/21/2008

Electronic Signature of Signing Officer or Director — Date