

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30350

FILED
Apr 12, 2009
Secretary of State

Entity Name: CENTRE FOR INNOVATIVE SOLUTIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: STD (X) Change () Addition
Name: SHERRY HOLZMAN
Address: 2251 NW 26TH AVE
City-St-Zip: COCONUT CREEK, FL 33066

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 FERGUSON

PSD

04/12/2009

Electronic Signature of Signing Officer or Director

Date