

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 01, 2011
Secretary of State

DOCUMENT# N30350

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 PHD
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
Name: FERGUSON, DAVID L PH.D
Address: 5311 NE 16TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VD
Name: SIMON, ARIEL
Address: 22740 EL DORADO DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: STD
Name: THOMAS, MICHELLE LCSW
Address: 11421 NW 40TH PLACEE
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: HARTLEY, TANIA
Address: 244 BISCAYNE BLVD #2904
City-St-Zip: MIAMI, FL 33132

Title: D
Name: ELCOCK, MENDI
Address: 260 NE 46 STREET
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: DAVID L FERGUSON PHD

PSD

04/01/2011

Electronic Signature of Signing Officer or Director

Date