

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51218

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE CENTER FOR TECHNOLOGY, ENTERPRISE AND DEVELOPMENT, INC.

Current Principal Place of Business:

401 WEST ATLANTIC AVENUE
SUITE O-9
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

401 WEST ATLANTIC AVENUE
SUITE O-9
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 65-0362710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, SEABRON A
401 WEST ATLANTIC AVENUE
SUITE O-9
DELRAY 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: VPD () Delete
Name: RANDOLPH, DAVID
Address: 105 NORTHWEST 11TH AVENUE
City-St-Zip: DELRAY BCH, FL

Title: TD () Delete
Name: ROGERS, CHERYL
Address: 2250 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: SD () Delete
Name: POMPEY, H. RUTH
Address: 1122 NW MARTIN LUTHER KING DR
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD () Delete
Name: MCCARTHY, ALBERTA
Address: 3123 FLORIDA BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD () Delete
Name: NEWBOLD, TONY
Address: 1000 NW 17TH AVE
City-St-Zip: DELRAY BEACH, FL 33447

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TONY NEWBOLD

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date