


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001956</b>	
1. Entity Name <b>INSTITUTE FOR DEVELOPMENT, INC.</b>	

Principal Place of Business <b>1930 S.W. 41ST AVE. #3 FORT LAUDERDALE FL 33317</b>	Mailing Address <b>1930 SW 41ST AVE #3 FORT LAUDERDALE FL 33317</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number <b>65-0665848</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>AYOUB, MOHAMMAD 1930 S.W. 41ST AVE #3 FORT LAUDERDALE FL 33317</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> Delete
NAME	AYOUB, MOHAMMAD
STREET ADDRESS	1735 NE 164TH ST SUITE 206
CITY - ST - ZIP	NORTH MIAMI BCH FL
TITLE	VPS <input type="checkbox"/> Delete
NAME	MOHAMMAD, HAQUE N
STREET ADDRESS	1735 NE 164TH #310
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, ALVIN L
STREET ADDRESS	CITY OF OPA-LOCKA 777 SHARA 3RD BLVD
CITY - ST - ZIP	OPA-LOCKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	ALLEN, MARY E
STREET ADDRESS	777 SHARA 3RD BLVD
CITY - ST - ZIP	OPA-LOCKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	ABDOOL, SHIRAZ
STREET ADDRESS	12141 PEMBROKE RD
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> Delete
NAME	SABIR, NASHID
STREET ADDRESS	18350 NW 2ND AVE
CITY - ST - ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000533237  
05/06/06-80116-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M. Ayoub **04/23/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #