

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90001 010 \*\*\*\*61.25

<b>DOCUMENT # N96000001956</b> 1. Entity Name INSTITUTE FOR DEVELOPMENT, INC.			
Principal Place of Business 1930 S.W. 41ST AVE. #3 FORT LAUDERDALE, FL 33317		Mailing Address 1930 SW 41ST AVE #3 FORT LAUDERDALE, FL 33317	
2. Principal Place of Business - No P.O. Box # 2301 N.W. 41st AVE		3. Mailing Address 2301 N.W. 41st AVE	
Suite, Apt. #, etc. 107		Suite, Apt. #, etc. 107	
City & State Landerhill, FL		City & State Landerhill, FL	
Zip 33313		Country Broward	
4. FEI Number 65-0665848		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  AYOUB, MOHAMMAD 1930 S.W 41ST AVE #3 FORT LAUDERDALE, FL 33317		7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PC NAME AYOUB, MOHAMMAD STREET ADDRESS 1735 NE 164TH ST SUITE 206 CITY-ST-ZIP NORTH MIAMI BCH, FL	<input type="checkbox"/> Delete	TITLE PC NAME AYOUB, MOHAMMAD STREET ADDRESS 2301 N.W. 41st AVE #107 CITY-ST-ZIP Landerhill FL-33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPS NAME MOHAMMAD, HAQUE N STREET ADDRESS 1735 NE 164TH #310 CITY-ST-ZIP N MIAMI BCH, FL	<input type="checkbox"/> Delete	TITLE VPS NAME MOHAMMAD, HOQUE N STREET ADDRESS 2301 N.W. 41st AVE #107 CITY-ST-ZIP Landerhill FL-33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MILLER, ALVIN L STREET ADDRESS CITY OF OPA-LOCKA 777 SHARA 3RD BLVD CITY-ST-ZIP OPA-LOCKA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ALLEN, MARY E STREET ADDRESS 777 SHARA 3RD BLVD CITY-ST-ZIP OPA-LOCKA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ABDOOL, SHIRAZ STREET ADDRESS 12141 PEMBROKE RD CITY-ST-ZIP PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SABIR, NASHID STREET ADDRESS 18350 NW 2ND AVE CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE: M. Ayoub -</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6-22-07	
		Daytime Phone # 954-735-6005	