2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004
Secretary of State

DOCUMENT# N96000002115

Entity Name: NEW DIRECTION INSTITUTE, INCORPORATED

Current Principal Place of Business:

7545 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

7545 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 65-0659008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROOKS, LEIGHTON
7545 W OAKLAND PK BLVD
LAUDERHILL, FL 33319 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: DP ( ) Delete
Name: BROOKS, LEIGHTON MD
Address: 660 E DAYTON CIR
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T ( ) Delete
Name: MARSH, CAROL
Address: 5435 NW 10TH CT #207
City-St-Zip: PLANTATION, FL 33313

Title: VP ( ) Delete
Name: HAMILTON, JAMES
Address: 824 PENNSYNANA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: DS ( ) Delete
Name: BELL, HILDA
Address: 8701 WILES RD #308
City-St-Zip: CORAL SPRINGS, FL 33067

Title: C ( ) Delete
Name: JAMES HAMILTON,
Address: 824 PENNSYLVANIA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: C (X) Change ( ) Addition
Name: OSMOND HOLTHAM,
Address: 11530 NW 41 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: CEO ( ) Change (X) Addition
Name: BROOKS, DR. GRACE
Address: 7111 NW 46 COURT
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. GRACE BROOKS CEO 06/28/2004

Electronic Signature of Signing Officer or Director — Date