


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90038 047 ****61.25

DOCUMENT # N98000003442 1. Entity Name COMMUNITY HEALTH EDUCATION ALLIANCE, INC.	
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Principal Place of Business 401 N.E. 1ST STREET POMPANO BEACH, FL 33060	Mailing Address P.O. BOX 2044 POMPANO BEACH, FL 33061-2044
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DO NOT WRITE IN THIS SPACE



04012007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMILTON, EDWIN H 401 N.E. 1ST STREET POMPANO BEACH, FL 33060
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IN THIS SPACE

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.

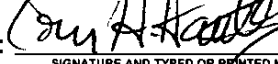
SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, EDWIN H 401 NE 1ST ST POMPANO BEACH, FL 33061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, MARY F 1201 NW 75TH TERR PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, EDWINA F 1201 NW 75TH TERR PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, CYNTHIA S 5101 NW 21 AVENUE, STE 440 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DORSEY DR. 600 SE 3RD AVE FT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, ART 2701 W. OAKLAND PARK BLVD FT LAUDERDALE, FL 33311

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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 power like empowered.

SIGNATURE: 	Edwain H. Hamilton MD 04-06-07 954 943 4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #