2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N98000003442

Entity Name: COMMUNITY HEALTH EDUCATION ALLIANCE, INC.

Current Principal Place of Business:

401 N.E. 1ST STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2044
POMPANO BEACH, FL 330612044

New Mailing Address:

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

Name and Address of Current Registered Agent:

HAMILTON, EDWIN H
401 N.E. 1ST STREET
POMPANO BEACH, FL 33060 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: P ( ) Delete
Name: HAMILTON, EDWIN H
Address: 401 NE 1ST ST
City-St-Zip: POMPANO BEACH, FL 33061

Title: D ( ) Delete
Name: HAMILTON, MARY F
Address: 1201 NW 75TH TERR
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Delete
Name: HAMILTON, EDWINA F
Address: 1201 NW 75TH TERR
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Delete
Name: PETERSON, CYNTHIA S
Address: 5101 NW 21 AVENUE, STE 440
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: MILLER, DORSEY DR.
Address: 600 SE 3RD AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: KENNEDY, ART
Address: 2701 W. OAKLAND PARK BLVD
City-St-Zip: FT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAMILTON, EDWIN H
Address: 401 NE 1ST ST
City-St-Zip: POMPANO BEACH, FL 33060

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 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: EDWIN H. HAMILTON, M. D. PRES 01/26/2009

Electronic Signature of Signing Officer or Director — Date