


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000103300</b> 1. Entity Name <b>CONFLICT RESOLUTION CENTER, INC.</b>	
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Principal Place of Business <b>2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426 US</b>	Mailing Address <b>2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426 US</b>
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04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3196251</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>DEGEORGE, JOSEPH 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426</b>
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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)</small>
<b>U000000893950</b> <b>04/24/08-80708-016 150.00</b> DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES DEGEORGE, JOSEPH 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DR. DEGEORGE, JOSEPH 2500 QUANTUM LAKES DRIVE SUITE 203 BOYNTON BEACH, FL 33426</b>
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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 607, 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:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/11/08 561-752-3700</b> <small>Date Daytime Phone #</small>
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