

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22906

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** PRAXIS RESEARCH AND TRAINING INSTITUTE, INC.

**Current Principal Place of Business:**

1431 S.W. 9TH AVENUE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

1450 SW 11TH WAY  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

3105 W. SCENIC DR.  
DANIELSVILLE, PA 18038

**New Mailing Address:**

FEI Number: 65-0022459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRADY & BRADY, PA  
370 N CAMINO GARDANO BLVD  
STE 200 C  
BOCA RATON, FL 33432 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: D ( ) Delete  
Name: COLE, STEPHANIE  
Address: 3105 W SCENIC DRIVE  
City-St-Zip: DANIELSVILLE, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHANIE M COLE

D

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date