2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051382

Entity Name: DELRAY BEACH INSTITUTE, INC.

FILED Jan 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

112 SW 1ST AVE

907 SW 28TH AVE DELRAY BEACH, FL 33444 US BOYNTON BEACH, FL 33435 US

Current Mailing Address: New Mailing Address:

907SW 28TH AVE 112 SW 1ST AVE

DELRAY BEACH, FL 33444 US BOYNTON BEACH, FL 33435 US

FEI Number: 65-0593741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

POLI, CATHERINE POLI, CATHERINE 235 N SWINTON AVE 907 SW 285H AVE

DELRAY BEACH, FL 33444 US BOYNTON BEACH, FL 33435 US

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: 01/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

POLI, CATHERINE POLI, CATHERINE Name: Name: 235 N SWINTON AVE 907 SW 28TH AVE Address: Address:

City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: BOYNTON BEACH, FL 33435

Title: VΡ (X) Delete Title: () Change () Addition

POLI. NORBERT Name: Name: 235 N SWINTON AVE Address: Address: DELRAY BEACH, FL 33444 City-St-Zip: 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 Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE POLI 01/23/2004 D