2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000109042

Entity Name: BABOR INSTITUT CORP. PALM BEACH

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 340 ROYAL POINCIANA PLAZA STE 301 PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 340ROYALPOINCIANAWAY STE 303 PALM BEACH, FL 33480 FEI Number: 65-0803249 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: INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131 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: 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 CAIN, DR. PAUL CAIN, PAUL DR. Name: Name: 340 ROYAL POINCIANA WAY #301 340 ROYAL POINCIANA WAY #301 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: Title: () Delete () Change () Addition Name: RIETFORT, HEINZ-DIETER Name: 340 ROYAL POINCIANA WAY #301 Address: Address: PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition VOSSEN, DR. LEO P VOSSEN, LEO P DR. Name: Name: 340 ROYAL POINCIANA WAY #301 340 ROYAL POINCIANA WAY #301 Address: Address: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition KLEINE-TEBBE, JUTTA Name: Name: Address: 340 ROYAL POINCIANA WAY #301 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: QUAST, MANFRED Address: 340 ROYAL POINCIANA WAY Address: City-St-Zip: City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: () Change (X) Addition RIETFORT, HEINZ-DIETER Name: Name: 340 ROYAL POINCIANA WAY Address: Address: City-St-Zip: City-St-Zip: PALM BEACH, FL 33480

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. PAUL CAIN PRES 03/16/2005