

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000109042

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: BABOR INSTITUT CORP. PALM BEACH

## Current Principal Place of Business:

340 ROYAL POINCIANA WAY  
STE 303  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

340 ROYAL POINCIANA WAY  
STE 303  
PALM BEACH, FL 33480

## New Mailing Address:

FEI Number: 65-0803249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

CORPORATE CREATIONS INTERNATIONAL INC.  
11380 PROPERITY FARMS ROAD  
SUITE 221E  
PALM BEACH GARDENS, FL 33410 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: JIM PERKINS, VICE PRESIDENT

01/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete  
Name: HEINZ-DIETER, RIETFORT  
Address: 340 ROYAL POINCIANA WAY, SUITE 303  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: VOSSEN, LEO P DR.  
Address: 340 ROYAL POINCIANA WAY, SUITE 303  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: KLEINE-TEBBE, JUTTA  
Address: 340 ROYAL POINCIANA WAY, SUITE 303  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: QUAST, MANFRED  
Address: 340 ROYAL POINCIANA WAY, SUITE 303  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: HEIDEMANN, HARALD  
Address: 340 ROYAL POINCIANA WAY, SUITE 303  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCPS (X) Change ( ) Addition  
Name: SCHUMMERT, MICHAEL  
Address: 340 ROYAL POINCIANA WAY, SUITE 303  
City-St-Zip: PALM BEACH, FL 33480

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

SIGNATURE: MICHAEL SCHUMMERT

DCPS

01/28/2008

Electronic Signature of Signing Officer or Director

Date