

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90027 006 ***150.00

DOCUMENT # P99000043693					
1. Entity Name HUMAN DEVELOPMENT & RESOURCES INSTITUTE INC.					
Principal Place of Business 10860 WOODCHASE CIRCLE ORLANDO, FL 32836			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 US		
2. Principal Place of Business - No P.O. Box # 5036 Dr. Phillips Blvd.		3. Mailing Address			
Suite, Apt. #, etc. 310		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State			
Zip 32819		Zip		Country	
<div style="display: flex; justify-content: space-between;"> 02202007 Chg-P CR2E034 (12/06) </div>					
4. FEI Number 59-3580761				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CAMARA, LUCIA 10860 WOODCHASE CIRCLE ORLANDO, FL 32836			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 5036 Dr. Phillips Blvd., #310		
			City Orlando		
			FL		Zip Code 32819
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAMARA, LUCIA 10860 WOODCHASE CIRCLE ORLANDO, FL 32836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Lucia Camara 5036 Dr. Phillips Blvd., #310 Orlando, FL 32819	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Lucia Camara</i>			2-28-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		