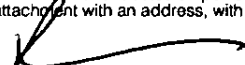


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90832 035 ****70.00

DOCUMENT # 741857 1. Entity Name "BASILIO SCIENTIFIC SCHOOL" SPIRITUAL SCIENCE ASSOCIATION, INC.					
Principal Place of Business 7226 N CORTEZ P O BOX 151293 TAMPA, FL 33684 US			Mailing Address 7226 N CORTEZ P O BOX 151293 TAMPA, FL 33684 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2330688	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AVELLA, GABRIEL A. 6755 OLD PASCO RD WESLEY CHAPEL, FL 34249			Name RAUL DARRIBA Street Address (P.O. Box Number is Not Acceptable) 4316 AUTUMN LEAVES DR. City TAMPA FL 33624		
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  (RAUL DARRIBA)			DATE 4/24/07		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	AVELLA, GABRIEL A.		NAME	RAUL DARRIBA	
STREET ADDRESS	6755 OLD PASCO RD		STREET ADDRESS	4316 AUTUMN LEAVES DR.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VD	☒ Delete	TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	DARRIBA, RAUL		NAME	GABRIEL AVELLA	
STREET ADDRESS	4316 AUTUMN LEAVES DR		STREET ADDRESS	6755 OLD PASCO RD.	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE	SD	☒ Delete	TITLE	SECRETARY	☒ Change ☐ Addition
NAME	AVELLA, PAULINA C		NAME	NORMA SANCHEZ	
STREET ADDRESS	6755 OLD PASCO ROAD		STREET ADDRESS	11810 SWEETPEA CT.	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	T	☒ Delete	TITLE	TREASURER	☒ Change ☐ Addition
NAME	SANCHEZ, NORMA		NAME	PAULINA AVELLA	
STREET ADDRESS	11810 SWEETPEA CT		STREET ADDRESS	6755 OLD PASCO R.	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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:  (RAUL DARRIBA; PRESIDENT)			DATE 4/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		