

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2008**  
**Secretary of State**

DOCUMENT# F07000003606

Entity Name: EDEN INSTITUTE FOUNDATION, INC.

**Current Principal Place of Business:**

ONE EDEN WAY  
PRINCETON, NJ 08540

**New Principal Place of Business:**

**Current Mailing Address:**

ONE EDEN WAY  
PRINCETON, NJ 08540

**New Mailing Address:**

FEI Number: 22-4215005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FLORIDA, EDEN  
24860 BURNT PINE DRIVE BLDG 6 STE 3  
BONITA SPRINGS, FL 34134      US

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

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

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: HUMES, ROBERT E  
Address: 7 CONGRESSIONAL COURT  
City-St-Zip: SKILLMANN, NJ 08558

Title: VC      ( ) Delete  
Name: HUNTER, CAROL  
Address: 1 DELTA DRIVE  
City-St-Zip: OCEAN, NJ 07712

Title: D      ( ) Delete  
Name: WALKER, THOMAS H  
Address: 3 STSTE PARKE COURT  
City-St-Zip: GOULDSBORO, PA 18424

Title: P      ( ) Delete  
Name: MCCOOL, THOMAS P  
Address: 78 SCHINDLER CT  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: S      ( ) Delete  
Name: ANDORS, LEON  
Address: 19 RACE  
City-St-Zip: ST PITTSTOWN, NJ 08648

Title: T      ( ) Delete  
Name: LEEUWEN, KENNETH V  
Address: 13 DEER PATH  
City-St-Zip: GLADSTONE, NJ 07934

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

SIGNATURE: THOMAS P. MCCOOL

PD

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date