2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# N00000006596

Entity Name: THE ORGANIZATION FOR PROFESSIONAL ASTROLOGY, INC.

Current Principal Place of Business:

4775 CRAYTON RD
NAPLES, FL 34101

New Principal Place of Business:

Current Mailing Address:

3665 BONITA BEACH RD.
STE. 3
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 59-3681709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
3665 BONITA BEACH RD.
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:	PD	( ) Delete
Name:	WISE, ARLAN	
Address:	P.O. BOX 43	
City-St-Zip:	CHILMARK, MA 02535	
Title:	VPD	( ) Delete
Name:	SERIO, SANDRA-LEIGH	
Address:	2801 SILVER PLACE	
City-St-Zip:	SUPERIOR, CO 80027	
Title:	SD	( ) Delete
Name:	TERRY, GISELE	
Address:	550 N. ORLANDO AVE #101	
City-St-Zip:	LOS ANGELES, CA 90048	
Title:	TD	( ) Delete
Name:	WILNER, JUDY	
Address:	2710 OVERLOOK DRIVE	
City-St-Zip:	BROOMFIELD, CO 80020	
Title:	ED	( ) Delete
Name:	MCKENNEY, TWINK	
Address:	530 FISHRECK ROAD	
City-St-Zip:	SOUTHBURY, CT 06488	
Title:	CD	( ) Delete
Name:	MULLIGAN, ROBERT A	
Address:	4775 CRAYTON ROAD	
City-St-Zip:	NAPLES, FL 34103	

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 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: ARLAN WISE PD 02/19/2007

Electronic Signature of Signing Officer or Director — Date