

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N02000003229

Entity Name: INTERNATIONAL FENG SHUI GUILD, INC.

Current Principal Place of Business:

705B SE MELODY LN
SUITE 166
LEE'S SUMMIT, MO 64063

New Principal Place of Business:

Current Mailing Address:

705B SE MELODY LN
SUITE 166
LEE'S SUMMIT, MO 64063

New Mailing Address:

FEI Number: 02-0598806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRINZIVALLI, ROSALIE
11630 HOLLY ANN DR
NEWPORT RICHEY, FL 34654 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: P () Delete
Name: BORNSTEIN, LAURIE
Address: 24 W. RAILROAD AVE #269
City-St-Zip: TENAFLY, NJ 07670

Title: SD () Delete
Name: BROWN, LIZ
Address: 815 W. 85TH ST.
City-St-Zip: KANSAS CITY, MO 64114

Title: TD () Delete
Name: LAMB, DEBRA D
Address: 705B SE MELODY LN
City-St-Zip: LEE'S SUMMIT, MO 64063

Title: CD () Delete
Name: PRINZIVALLI, ROSALIE
Address: 11630 HOLLY ANN DR
City-St-Zip: NEWPORT RICHEY, FL 34654

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:

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: LIZ BROWN

SD

04/30/2009

Electronic Signature of Signing Officer or Director

Date