2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N08000010571

Entity Name: INTERNATIONAL INSTITUTE FOR INTEGRATED HEALTH AND HIGHER CONSCIOUSNESS, INC.

Current Principal Place of Business:

251 CRANDON BOULEVARD
UNIT 107
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

251 CRANDON BOULEVARD
UNIT 107
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 26-4113263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOSTRO, LOUIS
201 SOUTH BISCAYNE BOULEVARD
SUITE 1600
MIAMI, FL 33131 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: D ( ) Delete
Name: EMONDS, KENNETH J PH.D
Address: PO BOX 1221
City-St-Zip: NORTH HAMPTON, NH 03862

Title: D ( ) Delete
Name: EMONDS, KATHERINE K
Address: PO BOX 1221
City-St-Zip: NORTH HAMPTON, NH 03862

Title: D ( ) Delete
Name: MCLAUGHLIN, ELIZABETH
Address: 251 CRANDON BOULEVARD, UNIT 107
City-St-Zip: KEY BISACAYNE, FL 33149

Title: D ( ) Delete
Name: SPENCER, MARY M
Address: 251 CRANDON BOULEVARD, UNIT 107
City-St-Zip: KEY BISACAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MCLAUGHLIN, ELIZABETH
Address: 251 CRANDON BOULEVARD, UNIT 107
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: SPENCER, MARY M
Address: 251 CRANDON BOULEVARD, UNIT 107
City-St-Zip: KEY BISCAYNE, FL 33149

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: ELIZABETH MCLAUGHLIN D 05/19/2009

Electronic Signature of Signing Officer or Director — Date