2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49273

FILED Mar 20, 2009 Secretary of State

Entity Name: INTERNATIONAL INSTITUTE FOR BAUBIOLOGIE & ECOLOGY, INC.

urrent Pr	rincipal Place of Business:	New Principal Place of Business:
	EVELAND ST. ATER, FL 33755 US	1403-A CLEVELAND ST. CLEARWATER, FL 33755 US
urrent M	ailing Address:	New Mailing Address:
O BOX 38 CLEARWA	87 ATER, FL 33757 US	
El Number:	59-3162702 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
ame and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	ELMUT EVELAND ST ATER, FL 33755 US	ZIEHE, HELMUT 1403-A CLEVELAND ST CLEARWATER, FL 33755 US
ن اماما		
	named entity submits this statement for the p e of Florida.	ourpose of changing its registered office or registered agent, or both
the State	e of Florida.	ourpose of changing its registered office of registered agent, or both 03/20/2009
the State	e of Florida.	03/20/2009
the State	e of Florida. ************************************	03/20/2009
the State IGNATUR FFICERS tle: ame: ddress:	e of Florida. RE: Electronic Signature of Registered Age	03/20/2009 ent Date
the State	e of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: D () Delete ZIEHE, HELMUT, 2402 ECUADORIAN WAY #54	o3/20/2009 Ent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
the State IGNATUR FFICERS ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	E of Florida. RE: Electronic Signature of Registered Age S AND DIRECTORS: D () Delete ZIEHE, HELMUT, 2402 ECUADORIAN WAY #54 CLEARWATER, FL 33763 D () Delete LEWIS, TORI, 1623 N HIGHLAND AVE	ent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: ZIEHE, HELMUT D 03/20/2009