

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 10, 2009
Secretary of State

DOCUMENT# N49273

Entity Name: INTERNATIONAL INSTITUTE FOR BAUBIOLOGIE & ECOLOGY, INC.**Current Principal Place of Business:**1403-A CLEVELAND ST.
CLEARWATER, FL 33755 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 387
CLEARWATER, FL 33757 US**New Mailing Address:**8247 N LICK CREEK RD
LYLES, TN 37098 US**FEI Number:** 59-3162702**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZIEHE, HELMUT
1403-A CLEVELAND ST
CLEARWATER, FL 33755 US**Name and Address of New Registered Agent:**WARREN, VICKI
1403A CLEVELAND ST
CLEARWATER, FL 33755 US

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: VICKI WARREN

08/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZIEHE, HELMUT
Address: 2402 ECUADORIAN WAY #54
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: LEWIS, TORI
Address: 1623 N HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: BURMASTER, M. SPARK
Address: 2126 WING HOLLOW RD, POB 137
City-St-Zip: CHASEBURG, WI 54621

Title: D () Delete
Name: GUST, LARRY
Address: 211 S BRENT ST
City-St-Zip: VENTURA, CA 93003

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: STIH, DAN
Address: 369 MONTEZUMA AVE UNIT 169
City-St-Zip: SANTA FE, NM 87501 US

Title: DIR (X) Change () Addition
Name: BELL, CHRIS
Address: 1000 N. 4TH STREET
City-St-Zip: FAIRFIELD, IA 52556 US

Title: DIR (X) Change () Addition
Name: BURMASTER, M. SPARK
Address: 2126 WING HOLLOW RD, POB 137
City-St-Zip: CHASEBURG, WI 54621 US

Title: DIR (X) Change () Addition
Name: GUST, LARRY
Address: 211 S BRENT ST
City-St-Zip: VENTURA, CA 93003 US

Title: DIR () Change (X) Addition
Name: BEARSS, CAROLINE
Address: 167 JOHN STREET
City-St-Zip: BRACEBRIDGE, ON P1L2E1 CN

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: VICKI WARREN

ED

08/10/2009

Electronic Signature of Signing Officer or Director

Date