

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005955

FILED  
Jan 20, 2007  
Secretary of State

**Entity Name:** UNITED STATES RAEIAN MOVEMENT CORPORATION

**Current Principal Place of Business:**

P.O.BOX 570935 - TOPAZ STATION  
LAS VEGAS, NV 89108

**New Principal Place of Business:**

TOPAZ STATION  
BOX 570935  
LAS VEGAS, NV 89108

**Current Mailing Address:**

P.O.BOX 570935 - TOPAZ STATION  
LAS VEGAS, NV 89108

**New Mailing Address:**

TOPAZ STATION  
BOX 570935  
LAS VEGAS, NV 89108

**FEI Number:** 65-0396678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, ALEXANDER  
8211 WEST BROWARD BLVD  
SUITE 420  
FORT LAUDERDALE, FL 33324 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: MARSIC, DAMIEN  
Address: 120 KING AVENUE  
City-St-Zip: HUNTSVILLE, AL 35801

Title: VP ( ) Delete  
Name: NEWMAN, DONNA  
Address: 510 NE 199TH TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S ( ) Delete  
Name: FLINT, HAMILTON  
Address: 1325 MAPLEGROVE  
City-St-Zip: LAS VEGAS, NV 89108

**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:

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: FLINT HAMILTON

S

01/20/2007

Electronic Signature of Signing Officer or Director

Date