2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N06000002661

Entity Name: SODALITAS S. MARIA AEGYPTIACA, INC.

Current Principal Place of Business:

1048 CHEYENNE DR.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 407
C/O KARLA CROSBY AYER, ESQ.
ST. AUGUSTINE, FL 32085

New Mailing Address:

1048 CHEYENNE DR.
ST. AUGUSTINE, FL 32086

FEI Number: 86-1162363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AYER, KARLA C.
1048 CHEYENNE DR.
ST. AUGUSTINE, FL 32086 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: DP ( ) Delete
Name: AYER, KARLA C.
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DV ( ) Delete
Name: JARNOT, JULENE
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DST ( ) Delete
Name: MUNSON, CATHERINE L.
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: BESSETTE, TAMMY L.
Address: 220 WOODBURY ST.
City-St-Zip: PAWTUCKET, RI 02861

Title: D ( ) Delete
Name: PRASIFKA, MARISA
Address: 4900 ELIZABETH JANE CT.
City-St-Zip: AUSTIN, TX 78730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: JARNOT, J
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DST (X) Change ( ) Addition
Name: MUNSON, C
Address: 1048 CHEYENNE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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

Title: D (X) Change ( ) Addition
Name: PRASIFKA, MARISA
Address: 2708 GRAND OAKS LOOP
City-St-Zip: CEDAR PARK, TX 78613

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: MARISA PRASIFKA DIR 03/27/2008

Electronic Signature of Signing Officer or Director — Date