

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 24, 2009  
Secretary of State**

DOCUMENT# N06000000648

Entity Name: THE COLLEGE OF METAPHYSICAL STUDIES, INC.

**Current Principal Place of Business:**

18514 US HWY 19 NORTH  
STE B  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

18514 US HWY 19 NORTH  
STE B  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 20-5037562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD      ( ) Delete  
Name: DANIELLE, PAUL F  
Address: 18514 US HEY 19 NORTH - STE B  
City-St-Zip: CLEARWATER, FL 33764

Title: VPTD      ( ) Delete  
Name: DANIELLE, BARBARA  
Address: 18514 US HEY 19 NORTH - STE B  
City-St-Zip: CLEARWATER, FL 33764

Title: SD      ( ) Delete  
Name: STEWART, BRUCE  
Address: 18514 US HEY 19 NORTH - STE B  
City-St-Zip: CLEARWATER, FL 33764

**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 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: BARBARA DANIELE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

EXEC

06/24/2009

\_\_\_\_\_  
Date