


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 723233 1. Entity Name INSTITUTE OF MAYA STUDIES, INC.	
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Principal Place of Business 3280 SOUTH MIAMI AVENUE MIAMI, FL 33129	Mailing Address 3280 SOUTH MIAMI AVENUE MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1804233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARBER, MARTA 3280 SOUTH MIAMI AVENUE MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

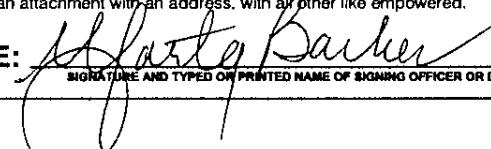
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBER, MARTA 3280 S. MIAMI AVE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIGGERT, ELIZABETH 3280 S MIAMI AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, JOAQUIN 3280 S MIAMI AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, RAY 3280 S. MIAMI AVE. MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, DIANA 3280 S. MIAMI AVE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000860777 04/02/08-80069-007 61.25</p> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #