

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730046

FILED
May 08, 2006
Secretary of State

Entity Name: THE LOGLAN INSTITUTE, INC.

Current Principal Place of Business:

3009 PETER'S WAY
SAN DIEGO, CA 32117

New Principal Place of Business:

Current Mailing Address:

3009 PETER'S WAY
SAN DIEGO, CA 32117

New Mailing Address:

FEI Number: 23-7388576 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

PARSONS, WESLEY R
9838 SW 106 TERRACE
MIAMI, FL 33176 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAYDON, GLEN B.,
Address: BOX 429 STAR ROUTE 2
City-St-Zip: LA HONDA, CA

Title: CD () Delete
Name: MCIVOR, ROBERT
Address: 686A FLAMINGO DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: STD () Delete
Name: DOWELL, LAURIE
Address: 1355 NACHVILLE ST
City-St-Zip: SAN DIEGO, CA 92110

Title: PD () Delete
Name: PARSONS, WESLEY R
Address: 9838 SW 106 TERRACE
City-St-Zip: MIAMI, FL 33176

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:

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: WESLEY R PARSONS

PD

05/08/2006

Electronic Signature of Signing Officer or Director

Date