

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

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Entity Name: KWATAMANI HOLISTIC INSTITUTE OF BRAIN BODY & SPIRITUAL RESEARCH & DEV., INC.

Current Principal Place of Business:

9173 S.E. SWINNEY ROAD
ARCADIA, FL 34266

New Principal Place of Business:

P.O. BOX 2514
ARCADIA, FL 34265

Current Mailing Address:

P.O. BOX 2514
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 58-2495114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELCHER, BEATRICE L
9173 S.E. SWINNEY ROAD
ARCADIA, FL 34266 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: CP () Delete
Name: ROBINSON, JOSEPH
Address: 9173 S.E. SWINNEY ROAD
City-St-Zip: ARCADIA, FL 34266

Title: VC () Delete
Name: ROBINSON, MUNAH R
Address: 9173 S.E. SWINNEY ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DS () Delete
Name: MURRAY, RENE D
Address: 9173 S.E. SWINNEY ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DT () Delete
Name: BELCHER, BEATRICE L
Address: 9173 S.E. SWINNEY ROAD
City-St-Zip: ARCADIA, FL 34266

Title: DAS () Delete
Name: WELLS, GAIL S
Address: 9173 S.E. SWINNEY ROAD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: ROBINSON, JOSEPH
Address: P.O. BOX 2514
City-St-Zip: ARCADIA, FL 34265

Title: VC (X) Change () Addition
Name: ROBINSON, MUNAH R
Address: P.O. BOX 2514
City-St-Zip: ARCADIA, FL 34265

Title: DS (X) Change () Addition
Name: MURRAY, RENE D
Address: P.O. BOX 2514
City-St-Zip: ARCADIA, FL 34265

Title: DT (X) Change () Addition
Name: BELCHER, BEATRICE L
Address: P.O. BOX 2514
City-St-Zip: ARCADIA, FL 34265

Title: DAS (X) Change () Addition
Name: WELLS, GAIL S
Address: P.O. BOX 2514
City-St-Zip: ARCADIA, FL 34265

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEATRICE L. BELCHER

DT

03/18/2005

Electronic Signature of Signing Officer or Director

_____ Date