

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2006
Secretary of State**

DOCUMENT# F03000001519

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

Current Principal Place of Business:

P.O. BOX 2514
ARCADIA, FL 34265

New Principal Place of Business:

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: P.O. BOX 2514
City-St-Zip: ARCADIA, FL 34265

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

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

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

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

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:

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: BEATRICE L BELCHER

DT

01/10/2006

Electronic Signature of Signing Officer or Director

Date