

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2007  
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:**

9173 S.E. SWINNEY RD.  
ARCADIA, FL 34266

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

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

02/21/2007

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

\_\_\_\_\_  
Date