2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2006
Secretary of State

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Entity Name: MAHARISHI VEDIC EDUCATION DEVELOPMENT CORPORATION

Current Principal Place of Business:

1609 SOUTH LAKE LOTELA DR.
AVON PARK, FL 33825

New Principal Place of Business:

1900 CAPITAL BLVD
FAIRFIELD, IA 52556

Current Mailing Address:

1609 SOUTH LAKE LOTELA DR.
AVON PARK, FL 33825

New Mailing Address:

P.O. BOX 670
FAIRFIELD, IA 52556

FEI Number: 04-3196447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTS, ALCINE
1125 SW SECOND AVE
GAINESVILLE, FL 32601 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: DP ( ) Delete
Name: MORRIS, BEVAN
Address: 1000 N. 4TH STREET
City-St-Zip: FAIRFIELD, IA 52557

Title: S ( ) Delete
Name: BEACH, PETER
Address: 911 ALTURAS WAY
City-St-Zip: MILL VALLEY, CA 94941

Title: DT ( ) Delete
Name: FELDMAN, BENJAMIN
Address: 639 WHISPERING HILLS RD, SUITE 725
City-St-Zip: BOONE, NC 28607

Title: D ( ) Delete
Name: WALLACE, ROBERT K
Address: 1000 N 4TH ST. #1002
City-St-Zip: FAIRFIELD, IA 52557

Title: D (X) Delete
Name: VERRILL, DAVID R
Address: 1010 GUILD DRIVE, BLDG.112
City-St-Zip: FAIRFIELD, IA 52556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: FELDMAN, BENJAMIN
Address: STATION 24 , VLODROP
City-St-Zip: HOLLAND, IA NP 6063

Title: D (X) Change ( ) Addition
Name: VERRILL, DAVID R
Address: 1010 GUILD DRIVE, BLDG.112
City-St-Zip: FAIRFIELD, IA 52556

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: DAVID R. VERRILL D 04/15/2006

Electronic Signature of Signing Officer or Director — Date