2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# F04000000045

Entity Name: MAHARISHI VEDIC EDUCATION DEVELOPMENT CORPORATION

Current Principal Place of Business:

1900 CAPITAL BLVD
FAIRFIELD, IA 52556

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
FAIRFIELD, IA 52556

New Mailing Address:

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
8830 N. DIXIE DRIVE
DUNNELLON, FL 34434 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:	STATION 24 , VLODROP	
City-St-Zip:	HOLLAND, IA NP 6063	
Title:	D	( ) 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HAGELIN, JOHN	
Address:	1950 MANSION DRIVE	
City-St-Zip:	FAIRFIELD, IA 52556	

I hereby certify that the information supplied with this filing does not qualify 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: NORIN ISQUITH COMP 01/13/2009

Electronic Signature of Signing Officer or Director — Date