2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# F04000004563

Entity Name: GLOBAL COUNTRY OF WORLD PEACE, INC.

Current Principal Place of Business:

1900 CAPITAL BOULEVARD
MAHARISHI VEDIC CITY, IA 52556

New Principal Place of Business:

Current Mailing Address:

1900 CAPITAL BOULEVARD
MAHARISHI VEDIC CITY, IA 52556

New Mailing Address:

FEI Number: 36-4519393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTS, ALCINE
1125 SW 2ND 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:	P&D	( ) Delete
Name:	WYNNE, ROBERT G	
Address:	1973 GRAND DRIVE	
City-St-Zip:	MAHARISHI VEDIC CITY, IA 52556	
Title:	T&D	( ) Delete
Name:	FELDMAN, BENJAMIN	
Address:	MERU, STATION 24	
City-St-Zip:	6063 NP VLODROP, -- NETHERLDS	
Title:	SEC	( ) Delete
Name:	WYNNE, MAUREEN M	
Address:	1973 GRAND DRIVE	
City-St-Zip:	MAHARISHI VEDIC CITY, IA 53556	
Title:	CSEC	( ) Delete
Name:	BEACH, PETER	
Address:	911 ALTURAS WAY	
City-St-Zip:	MILL VALLEY, CA 949414141	
Title:	DIR	( ) Delete
Name:	SWAMI BRAHMANAND SAR, ASWATI CHARITA B LE TRU	
Address:	MAHARISHI NAGAR	
City-St-Zip:	UTTAR PRADESH PINCODE 201304, -- INDIA --	

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:	DIR	(X) Change ( ) Addition
Name:	DR.PRAKASH SHRIVASTA, VA	
Address:	MAHARISHI NAGAR	
City-St-Zip:	UTTAR PRADESH PINCODE 201304, -- INDIA --	

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: JAN HARVEY ASST 01/17/2006

Electronic Signature of Signing Officer or Director — Date