

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

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000001601

1. Entity Name
MAHARISHI WORLD PEACE VEDIC ORGANICS, INC.



Principal Place of Business
**2000 CAPITAL BLVD
MAHARISHI VEDIC CITY, IA 52556**

Mailing Address
**2000 CAPITAL BLVD
MAHARISHI VEDIC CITY, IA 52556**



01142007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
42-1523130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POTTS, ALCINE
1125 SW 2ND AVENUE
GAINESVILLE, FL 32601**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
WYNNE, ROBERT G
1973 GRAND DRIVE
MAHARISHI VEDIC CITY, IA 52556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORRIS, BEVAN
1900 CAPITAL BLVD.
MAHARISHI VEDIC CITY, IA 52556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POTTER, PAUL
1900 CAPITAL BLVD.
MAHARISHI VEDIC CITY, IA 52556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BEACH, PETER T
911 ALTURAS WAY
MILL VALLEY, CA 94941**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ZIMMERMAN, CARL
1736 JOY AVENUE
MAHARISHI VEDIC CITY, IA 52556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000646416
03/06/07-80030-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Wynne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(414) 469-7000