

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001601

FILED
Mar 20, 2009
Secretary of State

Entity Name: MAHARISHI WORLD PEACE VEDIC ORGANICS, INC.

Current Principal Place of Business:

2000 CAPITAL BLVD
MAHARISHI VEDIC CITY, IA 52556

New Principal Place of Business:

1900 CAPITAL BLVD
MAHARISHI VEDIC CITY, IA 52556

Current Mailing Address:

2000 CAPITAL BLVD
MAHARISHI VEDIC CITY, IA 52556

New Mailing Address:

1900 CAPITAL BLVD
MAHARISHI VEDIC CITY, IA 52556

FEI Number: 42-1523130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTS, ALCINE
8830 NORTH 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: CP () Delete
Name: WYNNE, ROBERT G
Address: 1973 GRAND DRIVE
City-St-Zip: MAHARISHI VEDIC CITY, IA 52556

Title: D () Delete
Name: MORRIS, BEVAN
Address: 1900 CAPITAL BLVD.
City-St-Zip: MAHARISHI VEDIC CITY, IA 52556

Title: D () Delete
Name: POTTER, PAUL
Address: 1900 CAPITAL BLVD.
City-St-Zip: MAHARISHI VEDIC CITY, IA 52556

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

Title: T () Delete
Name: ZIMMERMAN, CARL
Address: 1736 JOY AVENUE
City-St-Zip: MAHARISHI VEDIC CITY, 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: () 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 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

OTH

03/20/2009

Electronic Signature of Signing Officer or Director

Date