

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000642

FILED
Apr 27, 2009
Secretary of State

Entity Name: ECOSTUDIES INSTITUTE, INC.

Current Principal Place of Business:

1008 CARMEL AVE.
MOUNT VERNON, WA 98273

New Principal Place of Business:

Current Mailing Address:

1008 CARMEL AVE.
MOUNT VERNON, WA 98273

New Mailing Address:

PO BOX 703
MOUNT VERNON, WA 98273

FEI Number: 91-2153842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATER, GARY
16741 SW 298 TERR
HOMESTEAD, FL 33030 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: CPT () Delete
Name: SLATER, GARY
Address: PO BOX 703
City-St-Zip: MOUNT VERNON, WA 98273

Title: VCVF () Delete
Name: DANILSON, CHRIS
Address: 520 E WASHINGTON
City-St-Zip: MT VERNON, WA 98273

Title: DS () Delete
Name: SCHNAPP, SUSAN
Address: 1573 NE GREENSWORD DR.
City-St-Zip: HILLSBORO, OR 97124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DANILSON, CHRIS
Address: 520 E WASHINGTON
City-St-Zip: MT VERNON, WA 98273

Title: SD (X) Change () Addition
Name: SCHNAPP, SUSAN
Address: 1573 NE GREENSWORD DR.
City-St-Zip: HILLSBORO, OR 97124

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: GARY SLATER

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date