

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003884

FILED
Mar 02, 2007
Secretary of State

Entity Name: EDEN INSTITUTE INC.

Current Principal Place of Business:

1 EDEN WAY
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

1 EDEN WAY
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 22-2069597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLER, VICKI
EDEN FLORIDA
13631 LEARNING COURT
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

MCCOOL, THOMAS P
EDEN FLORIDA
13631 LEARNING COURT
FORT MYERS, FL 33919 US

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: THOMAS P. MCCOOL

03/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NOONAN, WILLIAM
Address: 51 CLARKE COURT
City-St-Zip: PRINCETON, NJ 08540 US

Title: VC () Delete
Name: ABERE, ANDREW
Address: 19 SAMANTHA DRIVE
City-St-Zip: MONROE TWP, NJ 08831 US

Title: TTR () Delete
Name: VAN LEEUWEN, KENNETH
Address: 13 DEER PATH
City-St-Zip: GLADSTONE, NJ 07937 US

Title: S () Delete
Name: RICHARDSON, NANCY
Address: 5 TWIN OAKS DRIVE
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: PD () Delete
Name: MC COOL, THOMAS P
Address: 1 EDEN WAY
City-St-Zip: PRINCETON, NJ 08540 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: RICHARDSON, NANCY
Address: 5 TWIN OAKS DRIVE
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: VC (X) Change () Addition
Name: HUNTER, CAROL
Address: 1 DELTA DRIVE
City-St-Zip: OCEAN, NJ 07712 US

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

Title: S (X) Change () Addition
Name: ANDORS, LEON
Address: 19 RACE STREET
City-St-Zip: PITTSBOWN, NJ 08867 US

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

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: THOMAS P. MCCOOL

PD

03/02/2007

Electronic Signature of Signing Officer or Director

Date