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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L59985**

1. Corporation Name
MAHARISHI VEDA LAND CORPORATION

Principal Place of Business	Mailing Address
% 215 N. EOLA DRIVE ORLANDO FL 32801	% 215 N. EOLA DRIVE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1990

2. Principal Place of Business	2a. Mailing Address
21 Markt 1	26 Markt 1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: A.C. Vlodrop	28 City & State: A.C. Vlodrop
24 Zip: 6063 25 Country: Netherlands	29 Zip: 6063 30 Country: Netherlands

4. FEI Number: 59-3070186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: No — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: No — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOROVITZ, AARON J 215 N. EOLA DRIVE ORLANDO FL 32801	81 Name: Maharishi Veda land Corporation 82 Street Address (P.O. Box Number is Not Acceptable): Markt 1 83 84 City: A.C. Vlodrop FL 85 Zip Code: 6063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Ram Ovark 4/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HENNING, DOUG 330 BAY STREET, STE. 1306 TORONTO ONTARIO CANADO M5H2S-8	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATERSON, NEIL MARKT 1 VLODROP NE	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UIJEN, JACQUES MARKT 1 VLODROP NE	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMZA, OMAR 34 HOLLAND VILLAS RD. LONDON W148DH ENGLAN	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[illegible] 3/20/99	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	03-11-99 90056 049	☐ Change ☐ Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Douglas James Henning 3/1/99 HOLLAND 31-47553-9527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Douglas James Henning