

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003937

FILED
May 12, 2006
Secretary of State

Entity Name: MANA PROJECT, INC.

Current Principal Place of Business:

518 ELIZABETH ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

518 ELIZABETH ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0993939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FORRESTER, NANCY
518 ELIZABETH STREET
KEY WEST, FL 33040 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUIGLEY, DOROTHY A
Address: 121 HUGHES RD
City-St-Zip: GRANGERVILLE, NY 12871

Title: D () Delete
Name: FORRESTER, NANCY
Address: 518 ELIZABETH ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: PAVLOV, MARINA
Address: 7480 FAIRWAY DR, #206
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ARNHOLD, KATHARINA P
Address: 3311 MISSION STREET # 163
City-St-Zip: SAN FRANCISCO, CA 94110

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: NANCY FORRESTER

PRES

05/12/2006

Electronic Signature of Signing Officer or Director

Date