2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 21, 2008 8:00 am Secretary of State DOCUMENT # N00000003937 05-21-2008 90020 040 ****61.25 1. Entity Name MANA PROJECT, INC. Principal Place of Business Mailing Address 518 ELIZABETH ST 518 ELIZABETH ST KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 05142008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0993939 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORRESTER, NANCY Street Address (P.O. Box Number is Not Acceptable) **518 ELIZABETH STREET** KEY WEST, FL 33040 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if epolicable (NOTE: Registored Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Florida Department of State Due by September 12, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete Addition Change TITLE QUIGLEY, DOROTHY A NAME NAME 121 HUGHES RD STREET ADDRESS STREET ADDRESS **GRANGERVILLE, NY 12871** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition FORRESTER, NANCY NAME NAME STREET ADDRESS 518 ELIZABETH ST STREET ADDRESS CITY-ST-7IP KEY WEST, FL 33040 CITY-ST-ZIP TILE ☐ Delete ☐ Addition TITLE Change NAME PAVLOV, MARINA NAME STREET ADDRESS 7480 FAIRWAY DR, #206 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP TD Change TITLE □ Delete TITLE Addition ARNHOLD, KATHARINA P NAME NAME STREET ADDRESS 3311 MISSION STREET # 163 STREET ADDRESS SAN FRANCISCO, CA 94110 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIELE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

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