2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N00000005987

Entity Name: COMPANEROS DE POQEN KANCHAY, INC.

Current Principal Place of Business:

8010 ARBOR LANE
NORTHFIELD, IL 60093 US

New Principal Place of Business:

Current Mailing Address:

8010 ARBOR LANE
NORTHFIELD, IL 60093 US

New Mailing Address:

FEI Number: 65-1037961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 323012960 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:	P/D	( ) Delete
Name:	WELLS, ANNE PHD	
Address:	C/O AMB FOUNDATION,P.O. BOX 710695	
City-St-Zip:	HERNDON, VA 20171	
Title:	VP/D	( ) Delete
Name:	PAREDES, THEO PHD	
Address:	CASILLA 220	
City-St-Zip:	CUSCO, PE PERU PE	
Title:	S/D	( ) Delete
Name:	HERRELL, DIANE	
Address:	58 LAWNDALE	
City-St-Zip:	MT CLEMENS, MI 48045	
Title:	T/D	( ) Delete
Name:	DANTO, GAIL	
Address:	3225 DEVON BROOK DRIVE	
City-St-Zip:	BLOOMFIELD HILLS, MI 48302	
Title:	B.M.	( ) Delete
Name:	ROFFEY, ART PHD	
Address:	3225 DEVON BROOK DRIVE	
City-St-Zip:	BLOOMFIELD HILLS, MI 48302	
Title:	MAL	( ) Delete
Name:	KOSTER, SUSAN L	
Address:	851 SATURN STREET, UNIT F	
City-St-Zip:	JUPITER, FL 33477	

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

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: JACEN R. MALECK MR 03/20/2009

Electronic Signature of Signing Officer or Director — Date