2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006927

FILED May 01, 2002 8:00 AM Secretary of State

Entity Name: ASSOCIATION OF GNOSTIC ANTHROPOLOGY - SAMAEL AUN WEOR, INC.

Current Principal Place of Business: New Principal Place of Business: 3358 CURRY FORD ROAD ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 3928 FOOTHILLS DRIVE ORLANDO, FL 32810 FEI Number: 59-3748400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FUENTES, JUAN FUENTES, JUAN 7761 FT. MCHENRY COURT 8849 RESERVATION DRIVE ORLANDO, FL 32822 ORLANDO, FL 32829 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: 05/01/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TEJEDA, JUNE M Name: Name: Address: 3928 FOOTHILLS DRIVE Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: TEJEDA, JOSE I Name: Address: 3928 FOOTHILLS DRIVE Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition ORTIZ, JOSE C Name: Name: 1053 CUMBERMEADE Address: Address: City-St-Zip: FORT LEE, NJ 07024 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FUENTES, CONCEPCION Name: FUENTES, CONCEPCION 7761 FT. MCHENRY COURT 8849 RESERVATION DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUNE TEJEDA D 05/01/2002