

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2009
Secretary of State**

DOCUMENT# N01000008591

Entity Name: INDIGENOUS PEOPLE'S TECHNOLOGY AND EDUCATION CENTER, INC.

Current Principal Place of Business:

10575 SW 147TH CIR.
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

10575 SW 147TH CIR.
DUNNELLON, FL 34432

New Mailing Address:

FEI Number: 65-1157844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT, JESSE
10575 SW 147TH CIR.
DUNNELLON, FL 34432 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: DIR () Delete
Name: SAINT, STEPHEN
Address: 3708 SE 4TH ST.
City-St-Zip: OCALA, FL 34471

Title: DVP () Delete
Name: WALRATH, EUGENE
Address: 8653--G SW 96TH STREET
City-St-Zip: OCALA, FL 34481

Title: DIR () Delete
Name: LETT, STAN
Address: 712 HEATHERSTONE ROAD
City-St-Zip: EDMOND, OK 73034 US

Title: SD () Delete
Name: PETERS, DOUGLAS C
Address: 1270 WINDMILL AVE.
City-St-Zip: COLORADO SPRINGS, CO 80907

Title: T () Delete
Name: SAINT, JESSE
Address: 13151 SW 100TH LANE
City-St-Zip: DUNNELLON, FL 34432

Title: DP () Delete
Name: SMITH, GREG
Address: 11491 E RAMBLING DRIVE
City-St-Zip: WELLINGTON, FL 33414

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:

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: JESSE SAINT

Electronic Signature of Signing Officer or Director

TR

03/13/2009

Date