2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

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Entity Name: COLLOQUIUM ON QUANTUM PHYSICS, CONSCIOUSNESS, AND BEING, CORP.

Current Principal Place of Business:

P.O. BOX 1019
BOCA RATON, FL 33429

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1019
BOCA RATON, FL 33429

New Mailing Address:

FEI Number: 27-0016792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARICA, CORNELIA
P.O. BOX 1019
BOCA RATON, FL 33429 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:	D/T	( ) Delete
Name:	HANKS, ALVIN L	
Address:	11011 NE FINN HILL LOOP	
City-St-Zip:	CARLTON, OR 97111	
Title:	C/P	( ) Delete
Name:	JARICA, CORNELIA	
Address:	P.O.BOX 1019	
City-St-Zip:	BOCA RATON, FL 33429	
Title:	D	( ) Delete
Name:	JONES, ALFRED W	
Address:	4750 S OCEAN BLVD #205	
City-St-Zip:	HIGHLAND BEACH, FL 33487	
Title:	D/ T	( ) Delete
Name:	REDDY, D.V.	
Address:	4782 ORCHARD LANE	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	D	( ) Delete
Name:	ROTH, BERTHOLD	
Address:	ECKERTSWEHR 11	
City-St-Zip:	KREUZTAL, GE 57223	
Title:	D	( ) Delete
Name:	SHREVE, RICHARD R	
Address:	5232 MINTO RD	
City-St-Zip:	BOYNTON BEACH, FL 33437	

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 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: CORNELIA JARICA C/P 03/30/2006
Electronic Signature of Signing Officer or Director — Date