

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005987

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: THE PEACE INSTITUTE, INC.

## Current Principal Place of Business:

1586 N. GOLDENROD ROAD  
A  
ORLANDO, FL 32807

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 338  
GOLDENROD, FL 32733

## New Mailing Address:

FEI Number: 51-0421816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MUSRI, MUHAMMAD  
1089 N. GOLDENROD ROAD  
ORLANDO, FL 32807 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: PD ( ) Delete  
Name: MUSRI, MUHAMMAD  
Address: 1089 N. GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: KASU, ABDULLATIF  
Address: 8008 COTE CT.  
City-St-Zip: ORLANDO, FL 32836

Title: TD ( ) Delete  
Name: GIBBS, W. ERNEST  
Address: 3378 HILLMONT CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: ZAMAN, AHMADI B  
Address: 412 BARCLAY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: AKHTAR, SHAHEDA  
Address: 4564 THORNLEA RD.  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: ASSIM, MOHAMMED  
Address: 1210 SARAH ST.  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: GIBBS, W. E  
Address: 3378 HILLMONT CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change ( ) Addition  
Name: KASU, ABDULLATIF  
Address: 8008 COTE CT.  
City-St-Zip: ORLANDO, FL 32836

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: MUHAMMAD MUSRI

P/D

04/09/2007

Electronic Signature of Signing Officer or Director

Date