2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N03000002545

Entity Name: ASSOCIATION OF GNOSTIC ANTHROPOLOGY, INC.

Current Principal Place of Business:

10501 SW 53RD STREET
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10501 SW 53RD STREET
MIAMI, FL 33165

New Mailing Address:

FEI Number: 51-0450566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARGE, RENE
10501 SW 53 ST.
MIAMI, FL 33165 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 ( ) Delete
Name: BARGE, RENE
Address: 10501 SW 53RD STREET
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete
Name: BARGE, LAURA
Address: 10501 SW 53RD STREET
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete
Name: LAVARDE, LUZ ELENA
Address: 10501 S.W. 63RD ST.
City-St-Zip: MIAMI, FL 33165

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:

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: RENE BARGE PRES 03/11/2008

Electronic Signature of Signing Officer or Director — Date