


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N03000010524 1. Entity Name PANGEA INSTITUTE US, INC |  |
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|--|--|
| Principal Place of Business 514 WINTER TERRACE WINTER HAVEN, FL 33881 US | Mailing Address 514 WINTER TERRACE WINTER HAVEN, FL 33881 US |
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03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-0429474 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

6. Name and Address of Current Registered Agent

MARLOWE, SCOTT C
514 WINTER TERRACE
WINTER HAVEN, FL 33881

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARRIGAN, DANIEL 514 WINTER TERRACE WINTER HAVEN, FL 33881 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DOWDY, DAVID K 524 PILAKLAKAHA AVE AUBURNDALE, FL 338233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC MARLOWE, SCOTT C 514 WINTER TERRACE WINTER HAVEN, FL 33881 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000281749
03/31/05-80015-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #