

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005358

FILED
Apr 18, 2007
Secretary of State

Entity Name: OSA INSTITUTE FOR BIODIVERSITY, INC.

Current Principal Place of Business:

1114 MYRTLE STREET
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1114 MYRTLE STREET
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 20-2892259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTINARELLI, KARA
1114 MYRTLE STREET
SARASOTA, FL 34234 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: ANTINARELLI, KARA
Address: 1114 MYRTLE STREET
City-St-Zip: SARASOTA, FL 34234

Title: VD () Delete
Name: FINCH, PETER
Address: 3600 WINTON AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: SD () Delete
Name: CHAPMAN, KATIE
Address: P.O. BOX 158
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: FINCH, PETER
Address: 121 WALNUT DR.
City-St-Zip: LEICESTER, NC 28748

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: KARA ANTINARELLI

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date