## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010872

FILED Feb 16, 2006 Secretary of State

Entity Name: PERUVIAN CENTER FOR LEADERSHIP DEVELOPMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6885 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222 **Current Mailing Address: New Mailing Address:** 6885 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222 FEI Number: 76-0810219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIER, MICHAEL 6885 OLD MIDDLEBURG ROAD SOUTH JACKSONVILLE, FL 32222 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALEXANDER, LEE D Name: Name: 924 FLOYED STREET Address: Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SEHON, MICHAEL Name: Address: AV. BUEN RETIRO 100. MONTERRICO CHICO. Address: City-St-Zip: LIMA 100 PERU, SOUTH AMERICA, City-St-Zip: Title: () Delete Title: () Change () Addition PIERN, MICHAEL Name: Name: 6885 OLD MIDDLEBURG ROAD SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: MCMAHON, MICHAEL Name: Address: 738 GATEVIEW AVE Address: City-St-Zip: ALBANY, CA 947061030 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: MICHAEL J. PIER TT 02/16/2006