2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002062

City-St-Zip: ATLANTA, GA 30309

FILED Apr 28, 2009 Secretary of State

Entity Nan	ne: EAST BAY INSTITUTE, INC.		•	
Current Principal Place of Business:		New Principal Place of I	New Principal Place of Business:	
135 HARRISON AVE PANAMA CITY, FL 32401		11923 POSTON ROAD EASTBAY PANAMA CITY, FL 32404		
Current M	ailing Address:	New Mailing Address:	New Mailing Address:	
135 HARR PANAMA C	SON AVE CITY, FL 32401	1170 PEACHTREE STRE SUITE 2350 ATLANTA, GA 30309	ET	
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of N	ew Registered Agent:	
SHAILEND 11741 POS PANAMA C		SHAILENDRA, PAUL 11923 POSTON RD PANAMA CITY, FL 32404		
The above in the State	named entity submits this statement for the of Florida.	ourpose of changing its registered of	fice or registered agent, or both,	
SIGNATUF	RE:		04/28/2009	
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete POSTON, JULIUS 135 HARRISON AVE PANAMA CITY, FL 32401	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete COWAN, JOEL H JR 135 HARRISON AVE PANAMA CITY, FL 32401	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	D () Delete SCHAILENDRA, PAUL 1170 PEACHTREE NE SUITE 2350	Title: () Name: Address:	Change () Addition	

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.

City-St-Zip:

SIGNATURE: PAUL SHAILENDRA D 04/28/2009