2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# N06000005782

Entity Name: THE GLOBAL PEACE PROJECT AGRICULTURAL RESEARCH CENTER, INC.

Current Principal Place of Business:

740 DEBRECEN RD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

8374 MARKET ST. #169
LAKEWOOD RANCH, FL 34202

New Mailing Address:

FEI Number: 22-3932970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOCKLEAR, MICHAEL STEVEN
740 DEBRECEN RD
SARASOTA, FL 34240 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: LOCKLEAR, MICHAEL STEVEN
Address: 8374 MARKET ST. #169
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: VPTD ( ) Delete
Name: LOCKLEAR, HEATHER WYNNE
Address: 8374 MARKET ST. #169
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: SD ( ) Delete
Name: SCHEBEL, SARAH E
Address: 2466 LOMA LINDA ST
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: VP ( ) Change (X) Addition
Name: SELLERS, DALE A
Address: 7117 N LEEWYNN DR
City-St-Zip: SARASOTA, FL 34240 US

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: MICHAEL STEVEN LOCKLEAR PD 04/13/2008

Electronic Signature of Signing Officer or Director — Date