## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006093

FILED Aug 30, 2007 Secretary of State

DOCOM	1EN 1# NU6UUUUU6U93	Secretary of State
Entity Na	me: CENTER OF CONSCIOUSNESS, IN	NC.
Current Principal Place of Business:		New Principal Place of Business:
	INHOOD STREET A, FL 34231	
Current M	ailing Address:	New Mailing Address:
	INHOOD STREET A, FL 34231	
	: 20-5051174 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the corporation d	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) d not receive the prior notice.
Name and	Address of Current Registered Agent	: Name and Address of New Registered Agent:
1918 ROB	CHRISTIAN INHOOD STREET 'A, FL 34231 US	
	named entity submits this statement for t e of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D ( ) Delete STEELE, CHRISTIAN 21615 69TH AVE EAST BRADENTON, FL 34211	Title: D (X) Change ( ) Addition Name: STEELE, CHRISTIAN Address: 6808 WINTERWOOD DRIVE City-St-Zip: SHINGLETOWN, CA 96088
Title:	D ( ) Delete	Title: D (X) Change ( ) Addition

Title: D ( ) Delete
Name: STEELE, SHIRLEY
Address: 21615 69TH AVE EAST

Address: 21615 691H AVE EAST City-St-Zip: BRADENTON, FL 34211

 Title:
 D
 ( ) Delete

 Name:
 TOOLE, JAMES

 Address:
 413 N BRIGGS AVE

 City-St-Zip:
 SARASOTA, FL 34237

Title: ( ) Change ( ) Addition

6808 WINTERWOOD DRIVE

SHINGLETOWN, CA 96088

STEELE, SHIRLEY

Name: Address: City-St-Zip:

Name:

Address:

City-St-Zip:

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: CHRISTIAN STEELE D 08/30/2007