

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N06000006093

Entity Name: CENTER OF CONSCIOUSNESS, INC.

Current Principal Place of Business:

1918 ROBINHOOD STREET
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1918 ROBINHOOD STREET
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-5051174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEELE, CHRISTIAN
1918 ROBINHOOD STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

STEELE, CHRISTIAN M
1918 ROBINHOOD STREET
SARASOTA, FL 34231 US

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: CHRISTIAN STEELE 02/17/2009
_____ Date
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEELE, CHRISTIAN
Address: 6808 WINTERWOOD DRIVE
City-St-Zip: SHINGLETOWN, CA 96088

Title: D () Delete
Name: STEELE, SHIRLEY
Address: 6808 WINTERWOOD DRIVE
City-St-Zip: SHINGLETOWN, CA 96088

Title: D () Delete
Name: TOOLE, JAMES
Address: 413 N BRIGGS AVE
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEELE, CHRISTIAN M
Address: 6808 WINTERWOOD DRIVE
City-St-Zip: SHINGLETOWN, CA 96088

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

Title: () Change () Addition
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: ROBERT UTTARO MGR 02/17/2009
_____ Date
Electronic Signature of Signing Officer or Director