2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005455

FILED Jun 19, 2008 Secretary of State

Entity Name: THE GRAND CONCLAVE OF INITIATORY RITES, INC.

Current Principal Place of Business: New Principal Place of Business: 642 GAZETTE WAY WEST PALM BEACH, FL 33413 **Current Mailing Address: New Mailing Address:** 642 GAZETTE WAY WEST PALM BEACH, FL 33413 FEI Number: 14-2002100 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: Name and Address of New Registered Agent: FRANCOIS, MARIE-ANNE 642 GAZETTE WAY WEST PALM BEACH, FL 33413 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDCE (X) Change () Addition () Delete FRANCOIS, JEAN CLAUDE FRANCOIS, JEAN CLAUDE Name: Name: 642 GAZETTE WAY Address: 642 GAZETTA WAY Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33413 Title: VPDC () Delete Title: () Change () Addition VARFALVY, PETER Name: Name: Address: 6752 MILAN BLVD., BROSSARD (QC) Address: City-St-Zip: J4Z 2B3, CANADA, City-St-Zip: Title: VPD () Delete Title: () Change () Addition PIERRE-LOUIS, EDRIC Name: Name: 7150, 9TH AVENUE, SUITE 1, MONTREAL (QC) Address: Address: City-St-Zip: H2A 3B6, CANADA. City-St-Zip: Title: STD () Delete Title: STD (X) Change () Addition FRANCOIS, MARIE-ANNE Name: Name: FRANCOIS, MARIE-ANNE Address: 642 GAZETTE WAY Address: 642 GAZETTA WAY City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: WEST PALM BEACH, FL 33413 Title: GMD () Delete Title: () Change () Addition GRACIA, JOSEPH D Name: Name: 3687 HILLARY COURT Address: Address: City-St-Zip: SANTA ROSA, CA 95403 City-St-Zip: Title: (X) Delete Title: () Change () Addition HASPILAIRE, DENIS Name: Name: Address: DELMAS 75, JASMINE STREET #21 Address: PORT-AU-PRINCE, HAITI, City-St-Zip: 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: FRANCOIS, JEAN CLAUDE PRES 06/19/2008