2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008811

Entity Name: GEOGEBRA, INC

FILED Apr 13, 2009 Secretary of State

,	OLOOLD	V (, II V).				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
124 S.W. 9 PLANTATI	96TH AVE ION, FL 33324	US		96TH AVE BARMOHA ION, FL 33324	US	
Current Mailing Address:			New Maili	New Mailing Address:		
124 S.W. 96TH AVE PLANTATION, FL 33324 US		124 S.W. 96TH AVE C/O GUY BARMOHA PLANTATION, FL 33324 US				
FEI Number: 26-0872906 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
The above	96TH AVE ION, FL 33324	US ubmits this statement for the p	ourpose of changing	its registered of	fice or registered agent, or both,	
SIGNATU	RE:					
		c Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	HOHENWARTER	OOD TER, APT. #122	Title: Name: Address: City-St-Zip:	HOHENWARTER	ITS ROW BLVD 222	
Title: Name: Address: City-St-Zip:	V () CHINN, JAMES I 11573 TERRA B PLANTATION, FI	ELLA BLVD.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T () BARMOHA, GUY 124 S.W. 96TH / PLANTATION, FI	AVE.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PREINER, JUDIT	OOD TERRACE APT.#122	Title: Name: Address: City-St-Zip:	HOHENWARTER	ITS ROW BLVD 222	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zin:	V () LAVICZA, ZSOL 184 HILLS RD. CAMBRIDGE JJ		

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: MARKUS HOHENWARTER P 04/13/2009