2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N08000004210

Entity Name: COUNCIL OF THE UNIVERSE INC.

Current Principal Place of Business:

6410 ABERFOYLE AVE.
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6410 ABERFOYLE AVE.
COCOA, FL 32927

New Mailing Address:

FEI Number: 26-2790170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WOODINGTON, ARVILLA
6410 ABERFOYLE AVE.
COCOA, FL 32927 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: D ( ) Delete
Name: WOODINGTON, ARVILLA
Address: 6410 ABERFOYLE AVE.
City-St-Zip: COCOA, FL 32927

Title: CFO ( ) Delete
Name: PAVIOL, JAMES
Address: 893 SUNTREE WOODS DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: S ( ) Delete
Name: LARSON, DORIS
Address: 870 CROSS LAKE DR
City-St-Zip: MELBOURNE, FL

Title: CTO ( ) Delete
Name: DELONG, PHILLIP
Address: 5971 BROKEN BOW LANE
City-St-Zip: PORT ORANGE, FL 32127

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: ( ) 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: ARVILLA WOODINGTON D 06/22/2009

Electronic Signature of Signing Officer or Director — Date