

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90351 040 \*\*\*\*70.00

<b>DOCUMENT # N25541</b> 1. Entity Name <b>THE HERMETIC ORDER OF THE GOLDEN DAWN, INC.</b>					
Principal Place of Business 4124 RACCOON LOOP NEW PORT RICHEY, FL 34653 US			Mailing Address 4124 RACCOON LOOP NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02212008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-3263376</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CICERO, CHARLES C</b> <b>4124 RACCOON LOOP</b> <b>NEW PORT RICHEY, FL 34653</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D1</b> <b>CICERO, CHARLES</b> <b>4124 RACCOON LOOP</b> <b>NEW PORT RICHEY, FL 34653</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BABWAHSINGH, MARIA</b> <b>8 COLONIAL DRIVE</b> <b>BAYONNE, NJ 07002</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D2</b> <b>SERVELLO, DOMINIC</b> <b>4113 BUCKEYE CT.</b> <b>SPRING HILL, FL 34604</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D3</b> <b>LEITCH, AARON</b> <b>306 GLEN BURNIE AVE.</b> <b>TEMPLE TERRACE, FL 33617</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FULLER, ANTHONY</b> <b>8 GEORGES CRESCENT, AYCLIFF</b> <b>DOVER, KENT, UK CT17 9HW</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMILTON, JAMES</b> <b>6681-H 121ST AVENUE NORTH</b> <b>LARGO, FL 33773</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIGGS, MARK</b> <b>52 GREEN PINES</b> <b>RAEFORD, NC 28376</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBSTER, SAM</b> <b>5808 SOLANO AVE.</b> <b>RICHMOND, CA 94805</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/25/08</b> Daytime Phone #: <b>727 372 1320</b>		

# ATTACHMENT

## Other Directors:

▷ **Tommy Westlund**  
Inteckningsvagen 41  
SE - 129 31  
Hagersten  
Sweden

40084835  
#N25541

▷ **Keith Magnay**  
100 Exeter Road  
Southgate  
London  
N14 5JS  
United Kingdom

▷ **Tom Clarke**  
64 Leopold Street  
Loughborough  
Leicestershire  
LE11 5DN  
United Kingdom

▷ **Guiseppe Marchione**  
Viale Medaglia D'oro  
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