2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000093

Entity Name: MAHARISHI VEDIC UNIVERSITY, INC. (FLORIDA)

FILED Aug 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1125 SW 2ND AVE

GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

639 WHISPERING HILLS RD P.O> BOX 670

SUITE 725 FAIRFIELD, IA 52556 US BONNE, NC 28607 US

FEI Number: 65-0409623 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:

C T CORPORATION SYSTEM SIMON, RODRIGUEZ
1200 SOUTH PINE ISLAND ROAD 1609 S.LAKE LOTELA DR.
PLANTATION, FL 33324 US AVON PARK, FL 33825 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: SIMON RODRIGUEZ 08/23/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/D (X) Change () Addition Name: MORRIS, BEVAN DR Name: MORRIS, BEVAN DR

Address: DB-1113, 1000 N. 4TH ST. Address: 1900 CAPITAL BLVD
City-St-Zip: FAIRFIELD, IA 525571113 City-St-Zip: FAIRFIELD, IA 52556 US

Title: S () Delete Title: S (X) Change () Addition

Name: POTTER, PAUL Name: POTTER, PAUL
Address: 225 WHISPERING HILLS RD. STE 500 Address: 679 GEORGE HILL RD

 City-St-Zip:
 BOONE, NC 28607
 City-St-Zip:
 LANCASTER, MA 01523 US

 Title:
 TD () Delete
 Title:
 T/D (X) Change () Addition

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MORRIS, BEVAN
 Name:
 VERRILL, DAVID

 Address:
 DB-1113, 1000 N. 4TH ST.
 Address:
 DB-1113, 1000 N. 4TH ST.

City-St-Zip: FAIRFIELD, IA 525571113 City-St-Zip: FAIRFIELD, IA 525571113

Title: S () Delete Title: D (X) Change () Addition Name: POTTER, PAUL Name: WALLACE, ROBERT K

Address: 1950 MANSION DRIVE Address: 1900 CAPITAL BLVD
City-St-Zip: MAHARISHI, IA 52556 City-St-Zip: VEDIC CITY, IA 52556

Title: T (X) Delete Title: () Change () Addition

 Name:
 PATERSON, NEIL DR
 Name:

 Address:
 MVU, STATION 24
 Address:

 City-St-Zip:
 VLODROP, NE 6063NP
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL POTTER SEC 08/23/2004