

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000093

FILED
Apr 27, 2006
Secretary of State

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

Current Principal Place of Business:

1125 SW 2ND AVE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
FAIRFIELD, IA 52556 US

New Mailing Address:

FEI Number: 65-0409623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, RODRIGUEZ
1609 S.LAKE LOTELA DR.
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

STUART, ROTHENBERG
5505 FAIRWAY PARK DR.
#203
BOYNTON BEACH, FL 33437 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: STUART ROTHENBERG, M.D.

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MORRIS, BEVAN DR
Address: 1900 CAPITAL BLVD
City-St-Zip: FAIRFIELD, IA 52556 US

Title: S () Delete
Name: BEACH, PETER
Address: 911 ALTURAS WAY
City-St-Zip: MILL VALLEY, CA 94941 US

Title: T/D () Delete
Name: FELDMAN, BENJAMIN
Address: 639 WHISPERING HILLS RD
City-St-Zip: BOONE, NC 28607 US

Title: D () Delete
Name: VERRILL, DAVID
Address: 1010 GUILD DRIVE
City-St-Zip: FAIRFIELD, IA 52556

Title: D (X) Delete
Name: WALLACE, ROBERT K
Address: 1000 N. 4TH STREET
City-St-Zip: FAIRFIELD, IA 52556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: FELDMAN, BENJAMIN
Address: 1100 UNIVERSITY MANOR DR #23
City-St-Zip: FAIRFIELD, IA 52556 US

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 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: PETER BEACH

S

04/27/2006

Electronic Signature of Signing Officer or Director

Date