2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N96000001986

Entity Name: BOWEN RESEARCH AND TRAINING INSTITUTE, INC.

Current Principal Place of Business:

245 N. SEMINOLE AVE
PO BOX 599
LAKE ALFRED, FL 33850

New Principal Place of Business:

245 N. SEMINOLE AVE
LAKE ALFRED, FL 33850

Current Mailing Address:

245 N. SEMINOLE AVE.
PO BOX 599
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 59-3398464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITAKER, JOANNE
90 HIGHLAND AVE, #8
TARPON SPRINGS, FL 34689 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: P ( ) Delete
Name: BOSWELL, CLARENCE A
Address: 1265 FIRST STREET
City-St-Zip: BARTOW, FL 33830

Title: ST ( ) Delete
Name: LONG, THOMAS J
Address: 901 WAKULLA DR.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS J. LONG SEC 04/30/2008

Electronic Signature of Signing Officer or Director — Date