## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002873

City-St-Zip:

ALACHULA, FL 32615

FILED Jan 12, 2007 Secretary of State

Entity Na	me: MAYAPU	R FOUNDATION, INC.				
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
P.O. BOX 747 ALACHUA, FL 32616				18024 NW 112TH BLVD. ALACHUA, FL 32615		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX ALACHUA	747 A, FL 32616					
FEI Number	: 59-3510862	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
15206 NW	N, SETH W ES 89TH STREE 3, FL 32615					
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( SIMS, JOHN 236 WILDWOO BOULDER, CO		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( STEIN, GREGO 10316 CHEVO LOS ANGELOS	T DR	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP ( RAISZ, STEPH 27511 NW CR ALACHUA, FL	241	Title: Name: Address: City-St-Zip:	D,P ( RAISZ, STEP 27511 NW CI ALACHUA, FL	R 241	
Title: Name: Address:	T ( LEMIEUX, PIEI 18024 NW 112		Title: Name: Address:	T ( LEMIEUX, PII 18024 NW 11		

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.

City-St-Zip:

ALACHUA, FL 32615

SIGNATURE: PIERRE LEMIEUX 01/12/2007 Т