2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N99000002145

Entity Name: AMERICAN INSTITUTE OF GNOSTIC ANTHROPOLOGY, INC.

Current Principal Place of Business:

3928 FOOTHILLS DR.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

3928 FOOTHILLS DR
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-3585531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON-TEJEDA, JUNE
3928 FOOTHILLS DRIVE
ORLANDO, FL 32810 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:	PRES	( ) Delete
Name:	ALLISON-TEJEDA, JUNE	
Address:	3928 FOOTHILLS DR	
City-St-Zip:	ORLANDO, FL 32810 US	
Title:	VP	( ) Delete
Name:	ORTIZ, JOSE C	
Address:	1600 PARKER AVE	
City-St-Zip:	FORT LEE, NJ 07024 US	
Title:	SEC	( ) Delete
Name:	TEJEDA, JOSE	
Address:	3928 FOOTHILLS DR	
City-St-Zip:	ORLANDO, FL 32810 US	
Title:	TREA	( ) Delete
Name:	ESTRADA, HECTOR	
Address:	3509 CHARLES COURT	
City-St-Zip:	NORTH BERGEN, NJ 07047 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JUNE ALLISON-TEJEDA PRE 04/30/2008

Electronic Signature of Signing Officer or Director — Date