## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005955

FILED Jul 04, 2006 Secretary of State

Entity Name: UNITED STATES RAELIAN MOVEMENT CORPORATION

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

850 IVES DAIRY RD T-57 P.O.BOX 570935 - TOPAZ STATION

PMB 607 LAS VEGAS, NV 89108

NORTH MIAMI BEACH, FL 33179

**New Mailing Address: Current Mailing Address:** 

P.O.BOX 570935 - TOPAZ STATION P.O. BOX 630368

NORTH MIAMI BEACH, FL 33163 LAS VEGAS, NV 89108

FEI Number: 65-0396678 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, ALEXANDER 8211 WEST BROWARD BLVD SUITE 420 FORT LAUDERDALE, FL 33324 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

MARSIC, DAMIEN MARSIC, DAMIEN Name: Name: 120 KINGAVENUE Address: 120 KING AVENUE Address: City-St-Zip: HUNTSVILLE, AL 35801 City-St-Zip: HUNTSVILLE, AL 35801

Title: () Delete Title: () Change () Addition

Name: NEWMAN, DONNA Name: Address: 510 NE 199TH TERRACE Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip:

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

KLINE, RICHARD Name: FLINT, HAMILTON Name: 1325 MAPLEGROVE Address: 79-N. 3910-W Address: City-St-Zip: HURRICANE, UT 84737 City-St-Zip: LAS VEGAS, NV 89108

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

Name: FLINT, HAMILTON Name: 1325 MAPLE GROVE Address: Address: City-St-Zip: LAS VEGAS, NV 89108 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: FLINT HAMILTON S 07/04/2006