

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006487

FILED
Jul 03, 2006
Secretary of State

Entity Name: EXTENSION CONTEMPLATIVA INTERNACIONAL, INC.

Current Principal Place of Business:

284 CURLEW CIRCLE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

284 CURLEW CIRCLE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3629456 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

REISSNER, ILSE
284 CURLEW CIRCLE
ALTAMONTE SPRINGS, FL 32701 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REISSNER, ILSE
Address: 284 CURLEW CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HENRIQUEZ, ADALBERTO MD
Address: 71 RIVER RIDGE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: LOPEZ, RICARDO
Address: 3511 SW 109 AVE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: HUGO, MEJIA MD
Address: 9040 SW 58TH AVE
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: ASON, RAUL
Address: PO BOX 70290
City-St-Zip: SAN JUAN, PR 00936

Title: D () Delete
Name: HENRIQUEZ, MARGARITA
Address: 71 RIVER RIDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

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:

Title: T (X) Change () Addition
Name: REISSNER, ILSE
Address: 284 CURLEW CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: ILSE REISSNER

P

07/03/2006

Electronic Signature of Signing Officer or Director

Date