

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25237

FILED
Jan 08, 2008
Secretary of State

Entity Name: INTERNATIONAL CULTIC STUDIES ASSOCIATION, INC.

Current Principal Place of Business:

C/O FRANK J. DICENSO, CPA
576 MAIN STREET
WOBURN, MA 018012997

New Principal Place of Business:

Current Mailing Address:

C/O FRANK J. DICENSO, CPA
576 MAIN STREET
WOBURN, MA 018012997

New Mailing Address:

FEI Number: 04-2667828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGONE, MICHAEL D PH.D.
532 PINE GROVE LN
NAPLES, FL 34103 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: ELBERG, PHILIP
Address: MEDVIN & ELBERG, ONE GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102

Title: T () Delete
Name: DOLE, ARTHUR PH.D
Address: 53 RIVERFIELD ROAD
City-St-Zip: TRENTON, ME 04605

Title: D () Delete
Name: SCHEFLIN, ALAN
Address: 3045 21ST AVE
City-St-Zip: SAN FRANCISCO, CA 94132

Title: D () Delete
Name: GIAMBALVO, CAROL
Address: 31 AUDUBON WAY
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: GOLDBERG, LORNA M.S.W.
Address: 171 MEADOWBROOK ROAD
City-St-Zip: ENGLEWOOD, NJ 07631

Title: D () Delete
Name: HENRY, ROSEANNE M.A.
Address: 5234 CAMARGO ROAD
City-St-Zip: LITTLETON, CO 80123

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: () 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: MICHAEL D. LANGONE

DR.

01/08/2008

Electronic Signature of Signing Officer or Director

Date