

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25237

FILED
Feb 12, 2011
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
Name: GOLDBERG, LORNA MSW
Address: 171 MEADOWBROOK ROAD
City-St-Zip: ENGLEWOOD, NJ 07631

Title: D
Name: HENRY, ROSANNE MA
Address: 5234 CAMARGO ROAD
City-St-Zip: LITTLETON, CO 80123

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

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

Title: D
Name: KROPVELD, MICHAEL
Address: 5443 JEANNE MANCE
City-St-Zip: MONTREAL, QU H2V 4K5 CA

Title: D
Name: ALMENDROS, CARMEN
Address: L'UNIVERSIDAD AUTONOMA DE MADRID
City-St-Zip: MADRID, A1 28049 SP

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL LANGONE

DR.

02/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date