2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33281

FILED Apr 19, 2008 Secretary of State

Entity Name: PASADENA INSTITUTE OF DIVINE METAPHYSICAL RESEARCH, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
20 10TH S JITE A	STREET			
	L, FL 32117			
urrent Ma	ailing Addres	s:	New Mailing Addre	ss:
0 10TH S JITE A OLLY HIL	STREET L, FL 32117			
I Number:	95-3675774	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
30 STAT OLLY HIL ne above	E AVE L, FL 32117 named entity s	US submits this statement for the	ourpose of changing its register	red office or registered agent, or both,
30 STAT OLLY HIL ne above the State	E AVE L, FL 32117 named entity s of Florida.		ourpose of changing its register	red office or registered agent, or both,
30 STAT DLLY HIL ie above the State	E AVE L, FL 32117 named entity s of Florida. RE:			red office or registered agent, or both, Date
ne above the State GNATUR	E AVE L, FL 32117 named entity s of Florida. RE:	submits this statement for the library is sta	ent	
30 STAT DLLY HIL e above the State GNATUR	E AVE L, FL 32117 named entity so of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete	ent	Date
30 STAT DLLY HIL e above the State GNATUR FFICERS e: me: dress:	E AVE L, FL 32117 named entity s of Florida. RE: Electron S AND DIREC PD () BELL, JOSEPH 1330 STATE AV HOLLY HILL, FI	ic Signature of Registered Ag TORS: Delete 2 32117 Delete EL N WAY	ent ADDITIONS/CHANC Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS

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: JOSEPH BELL PD 04/19/2008