

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007136

Entity Name: EFEKTA INSTITUTE, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

ONE EDUCATION STREET
CAMBRIDGE, MA 02141

New Principal Place of Business:

Current Mailing Address:

ONE EDUCATION STREET
CAMBRIDGE, MA 02141

New Mailing Address:

FEI Number: 04-3414628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HULT, LISBETH
Address: HALDENSTRASSZ 4
City-St-Zip: LUZERN, SWITZERLAND, 6006

Title: P () Delete
Name: DOYLE, MARTHA
Address: ONE EDUCATION STREET
City-St-Zip: CAMBRIDGE, MA 02141

Title: S () Delete
Name: GYLLENHAAL, ROSA
Address: ONE EDUCATION STREET
City-St-Zip: CAMBRIDGE, MA 02141

Title: DT () Delete
Name: FORSBERG, ERIK
Address: GREV TUREGATAN IIA
City-St-Zip: STOCKHOLM, SWEDEN, 114 87

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA GYLLENHAAL

MGR

02/16/2005

Electronic Signature of Signing Officer or Director

Date