


**2007 FOR PROPR CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # F0000007136	
1. Entity Name EFEKTA INSTITUTE, INC.	

Principal Place of Business ONE EDUCATION STREET CAMBRIDGE, MA 02141	Mailing Address ONE EDUCATION STREET CAMBRIDGE, MA 02141
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DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3414628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULT, LISBETH HALDENSTRASSZ 4 LUZERN, SWITZERLAND, 6006
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOYLE, MARTHA ONE EDUCATION STREET CAMBRIDGE, MA 02141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GYLLENHAAL, ROSA ONE EDUCATION STREET CAMBRIDGE, MA 02141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FORSBERG, ERIK GREV TUREGATAN IIA STOCKHOLM, SWEDEN, 114 87
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/25/07-80047-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa Gyllenhaal Rosa Gyllenhaal 5/3/07 617-619-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #