Return to:	Due no later than November 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	SHARRON SMILLIE
700 WEST JEFFERSON	· · · · · · · · · · · · · · · · · · ·	442 FLAT CREEK RD
PO BOX 83720	GETHSEMANE FOUNDATION (THE) PO BOX 583	ST. MARIES, ID 83861
BOISE, ID 83720-0080	ST. MARIES, ID 83861	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		
Corporations: Enter Name Office held Name PESIDE NT - SHORRE SCRETARY - ROBERT ORECTOR - KATHLE	es and Business Addresses of President, Secretar  Street or P.O. Address  ONE SEVERS 11830 DUX BURY ST  ONE SELMAN ST. I	Ty and Directors.  State Zip  MARIES ID 8386/ PALLAS TX 75018  MARBLEHEAD MA  01945
	23.21	
Organized Under the Laws of:  NEVADA	Signature Von	Clips 10/3/06
Organized Under the Laws of:  NEVADA  C 104088	Signature Non Inc.  Name (Typed of HARRON SM)	Cliber 10/3/06 WE Title PRESIDENT