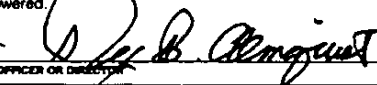


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

01-09-2008 90010 026 ****61.25

DOCUMENT # 758801					
1. Entry Name SOUTHEAST ASIAN RELIEF, INC.					
Principal Place of Business 3500 5TH AVE N SF ST. PETERSBURG, FL 33733 US			Mailing Address P.O. BOX 15025 ST. PETERSBURG, FL 33733 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2278219	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, WILLIAM ATTY FOSTER AND FOSTER 555 4TH STREET NORTH ST PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MARTINETTO, MICHAEL		NAME	SMITH, PHILIP & KIM	
STREET ADDRESS	8949 FAIRWEATHER DRIVE		STREET ADDRESS	787 LA PLAZA AVE. SOUTH	
CITY- ST- ZIP	LARGO, FL 33773		CITY- ST- ZIP	ST. PETERSBURG, FL. 33707	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MCCARTHY, CHRISTINA		NAME	ALMQUIST, REX	
STREET ADDRESS	HEART OF AMERICA MIN, 58 LABARGE ST		STREET ADDRESS	3027 1 AVE NORTH	
CITY- ST- ZIP	HUDSON FALLS, NY 12839		CITY- ST- ZIP	ST. PETERSBURG, FL. 33710	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	FARRELL, JAMES M		NAME	HORG, BOB	
STREET ADDRESS	9015 S.W. 96TH COURT ROAD		STREET ADDRESS	2578 SPLITWOOD WAY	
CITY- ST- ZIP	OCALA, FL 34481		CITY- ST- ZIP	CLEARWATER, FL. 33761	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHAM, LAN		NAME		
STREET ADDRESS	5027 - 1ST AVE N		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33710		CITY- ST- ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KEISTER, DAVID P		NAME		
STREET ADDRESS	W. MINISTER PRESBY. 126-11TH AVE. N.E.		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33701		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HINES, HOLLY		NAME		
STREET ADDRESS	5885 27TH ST SOUTH		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33712		CITY- ST- ZIP		
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 617, 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: <u>REX B. ALMQUIST</u>  (727) 321-1538 SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR Date Daytime Phone #					

66000000



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