


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 763371
 1. Entity Name
AMERICAN-FINNISH TOURIST CLUB, INC.



Principal Place of Business Mailing Address
AMERICAN -FINNISH TOURIST CLUB, INC **301 W. CENTRAL BLVD**
LANTANA, FL 33462 **LANTANA, FL 33462**



06062007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-0689982 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAURILA, MAUNO
106 HALF MOON CIRCLE B2
HYPOLUXO, FL 33462

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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 _____

Filing Fee is \$61.25
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	PD TAPIO, SALIN 177 EXECUTIVE CIR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIRKKA, LEHTONEN 800 N FEDERAL HWY LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VETTENRANTA, HEIKKI 7020 HALF MOON CIR APT 309 LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAIJA-LIISA, OTVAS 2840 L OSBORNE DR APT 106 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMMI, HELVI 157 ATLANTIS BLVD APT 308 LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAAJA, TAPANI 720 S PALMWAY LAKE WORTH, FL 33461

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 07/16/07-80007-025 61.25

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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 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: Tapani K. Salin **TAPIO K. SALIN**, 7.13.07, 561-369-0417
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #