

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852718

FILED
Jan 31, 2008
Secretary of State

Entity Name: NATIONAL PSORIASIS FOUNDATION, INC.

Current Principal Place of Business:

6600 SW 92 AVE
S300
PORTLAND, OR 97223 US

New Principal Place of Business:

Current Mailing Address:

6600 SW 92 AVE
S300
PORTLAND, OR 97223 US

New Mailing Address:

FEI Number: 93-0571472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WHITE, DALE
Address: 20121 FISHER AVE
City-St-Zip: POOLESVILLE, MD 20837

Title: SD () Delete
Name: ISENBERG, BENJAMIN
Address: 17503 CHERRY CT.
City-St-Zip: LAKE OSWEGO, OR 97034

Title: TD () Delete
Name: WESSELS, JANA
Address: 3831 CEDAR DRIVE NE
City-St-Zip: NO. LIBERTY, IA 52317

Title: PD () Delete
Name: ZIMMERMAN, GAIL M
Address: 6600 SW 92 AVE S300
City-St-Zip: PORTLAND, OR 972237195

Title: VD () Delete
Name: SEIDEN, RICHARD
Address: 2029 CENTURY PARK EAST, 35TH FL
City-St-Zip: LOS ANGELES, CA 90067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GRILLI, DONALD
Address: 250 FOREST AVE.
City-St-Zip: COHASSET, MA 02025

Title: PD (X) Change () Addition
Name: FIELD, PAM
Address: 6600 SW 92 AVE S300
City-St-Zip: PORTLAND, OR 972237195

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM FIELD

PD

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date