

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004417

FILED
Jan 30, 2009
Secretary of State

Entity Name: ILLIEN ADOPTIONS INTERNATIONAL, INC.

Current Principal Place of Business:

1250 PIEDMONT AVE NE
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1250 PIEDMONT AVE NE
ATLANTA, GA 30309

New Mailing Address:

3311 50TH AVE EAST
BRADENTON, FL 34203

FEI Number: 62-1749509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, SUSAN
3311 50TH AVE EAST
BRADENTON, FL 34203 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: CHRM () Delete
Name: PEREIRA, DAVID
Address: 922 LAUEL CREST DRIVE
City-St-Zip: WOODSTOCK, GA 30189

Title: VCHR () Delete
Name: BLACK, CHARLES
Address: ONE LULLWATER PLACE NE
City-St-Zip: ATLANTA, GA 30307

Title: V () Delete
Name: BLACK, CHARLES
Address: ONE LULLWATER PLACE NE
City-St-Zip: ATLANTA, GA 30307

Title: P () Delete
Name: ILLIEN, ANNA BELLE
Address: 1250 PIEDMONT AVE NE
City-St-Zip: ATLANTA, GA 30309

Title: SD () Delete
Name: ACAYALA, TENA
Address: 766 JOSEPH E LOWERY BLVD. #510
City-St-Zip: ATLANTA, GA 30310

Title: TD () Delete
Name: SCIVICQUE, LILY
Address: 1015 MICHIGAN AVE NW
City-St-Zip: ATLANTA, GA 30314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SUSAN PAYNE

DIRE

01/30/2009

Electronic Signature of Signing Officer or Director

Date