


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90007 047 ****61.25

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N97000002359 | | | |  | |
| 1. Entity Name AVIELA, INC. | | | | | |
| Principal Place of Business 250 BLY HOLLOW ROAD CHERRY PLAIN, NY 12040 US | | | Mailing Address BOARDS OF THE INVESTORS /P. SOME PO BOX 123 LORANE, OR 97451 | | |
| 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 59-3449271 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent DRAKE, GARY 1600 NE 64TH FORT LAUDERDALE, FL 33334 | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P/D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SOME, MALIDOMA P | NAME | | | |
| STREET ADDRESS | PO BOX 123 | STREET ADDRESS | | | |
| CITY-ST-ZIP | LORANE, OR 97451 | CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BARTLETT, VICKI | NAME | | | |
| STREET ADDRESS | PO BOX 123 | STREET ADDRESS | | | |
| CITY-ST-ZIP | LORANE, OR 97451 | CITY-ST-ZIP | | | |
| TITLE | T/D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WALKER, ROBERT D | NAME | | | |
| STREET ADDRESS | 250 BLY HOLLOW RD BOX 82 | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHERRY PLAIN, NY 12040 | CITY-ST-ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARSHALL, MELINDA | NAME | D Alwyn Thomas | | |
| STREET ADDRESS | PO BOX 123 | STREET ADDRESS | 5 W. 126th St. | | |
| CITY-ST-ZIP | LORANE, OR 97451 | CITY-ST-ZIP | NEW YORK, NY 10027 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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: <i>Vicki Bartlett</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Vicki Bartlett (S) 5-14-08 541-767-0953 | | | |
| | | Date | | Daytime Phone # | |