

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002359

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: AVIELA, INC.

**Current Principal Place of Business:**

250 BLY HOLLOW ROAD  
CHERRY PLAIN, NY 12040 US

**New Principal Place of Business:**

**Current Mailing Address:**

ECHOES OF THE ANCESTORS/P. SOME  
PO BOX 123  
LORANE, OR 97451

**New Mailing Address:**

PATRICE SOME  
19137 SEAVIEW ST.  
ORLANDO, FL 32833

FEI Number: 59-3449271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRAKE, GARY  
1600 NE 64TH  
FORT LAUDERDALE, FL 33334 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: P/D ( ) Delete  
Name: SOME, MALIDOMA P  
Address: PO BOX 123  
City-St-Zip: LORANE, OR 97451

Title: S ( ) Delete  
Name: BARTLETT, VICKI  
Address: PO BOX 123  
City-St-Zip: LORANE, OR 97451

Title: T/D ( ) Delete  
Name: WALKER, ROBERT D  
Address: 250 BLY HOLLOW RD BOX 82  
City-St-Zip: CHERRY PLAIN, NY 12040

Title: D ( ) Delete  
Name: THOMAS, ALWYN  
Address: 5 W. 126TH STREET  
City-St-Zip: NEW YORK, NY 10027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: SOME, PATRICE M  
Address: 19137 SEAVIEW ST.  
City-St-Zip: ORLANDO, FL 32833

Title: S (X) Change ( ) Addition  
Name: BARTLETT, VICKI  
Address: 2626 ALBION AVE.  
City-St-Zip: ORLANDO, FL 32833

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: VICKI BARTLETT

S

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date