2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753515

FILED Apr 01, 2008 Secretary of State

Entity Name: INTERNATIONAL AFFILIATION OF INDEPENDENT ACCOUNTING FIRMS, INC.

Current Pi	incipal Place	of Business:	New Princ	New Principal Place of Business:			
9200 S. DA #510	DELAND BLY	/D.					
	331562703						
Current Mailing Address:			New Maili	New Mailing Address:			
9200 S. DA #510	DELAND BL	/D.					
	331562703						
FEI Number:	59-1819130	FEI Number Applied For ()	FEI Number Not Appl	icable () Ce	ertificate of Status Desi	red()	
Name and	Address of (Current Registered Agent:	Name and	Address of New	Registered Agent	:	
STE 510	JLIO ADELAND BL 33156 US	VD					
	named entity of Florida.	submits this statement for the pu	ırpose of changing i	ts registered office	e or registered agen	t, or both,	
SIGNATUF							
		nic Signature of Registered Ager		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO	OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	GABAY, JULIO	_AND BLVD, SUITE 510	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	FRAME, DAVID 1 PARK PLAC) Delete) E, CANARY WHARF LAND, UK E14 4HJ UK	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	THOMAS, GOE CICEROSTRAI		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	HUNG LU, NGA 101-A UPPER) Delete N CROSS ST. # 11-22 SG 058358 SG	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	MOORE, TIMO	A DRIVE, SUITE 1100	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition		
Title: Name: Address: City-St-Zip:	MOREIRA, DIE RUA GENERAI) Delete GO . JOAO MANOEL,N200-CENTRO RE, BRAZIL, BR 90.010-03 BR	Title: Name: Address: City-St-Zip:	D (X) Ch: ECHEVARRIA, JOR CONVENCION 138; MONTEVIDEO, UR	2 PISO 5		

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: JULIO GABAY D 04/01/2008