

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001468

FILED
Jan 11, 2009
Secretary of State

Entity Name: CHINA ADOPTION WITH LOVE, INC.

Current Principal Place of Business:

251 HARVARD STREET, SUITE 17-19
BROOKLINE, MA 02446

New Principal Place of Business:

Current Mailing Address:

660 24TH AVENUE NW
NAPLES, FL 34120

New Mailing Address:

2652 COACH HOUSE LN
NAPLES, FL 34105

FEI Number: 04-3289485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUMBERGER, BARBARA H
2652 COACH HOUSE LN
NAPLES, FL 34105 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: C () Delete
Name: RUMBERGER, BARBARA H
Address: 2652 COACH HOUSE LN
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: THOMAS, MICHAEL
Address: 660 24TH AVE NW
City-St-Zip: NAPLES, FL 34120

Title: D () Delete
Name: CHAZAL, LINDA
Address: 671 N. TOWN AND RIVE DRIVE
City-St-Zip: FT.MYERS, FL 33919

Title: D () Delete
Name: KALMANS, AMY
Address: 2100 CRAYTON RD.
City-St-Zip: NAPLES, FL 34102

Title: C () Delete
Name: ZHANG, LILLIAN Y
Address: 159 HIGH STREET
City-St-Zip: BROOKLINE, MA 02445

Title: D () Delete
Name: LEWIS, NANCY
Address: 6713 SLOANA PLACE
City-St-Zip: NAPLES, FL 34104

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
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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: BARBARA RUMBERGER

DR

01/11/2009

Electronic Signature of Signing Officer or Director

Date