

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004082

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: ILIN VALUE-ADDED FORESTRY MANAGMENT SERVICES FOUNDATION CORP.

**Current Principal Place of Business:**

1902 JOLLIBEE PLAZA, EMERALD AVE.  
ORTIGAS BUSINESS CENTER  
PASIG CITY, METRO MANILA, RP 1600

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 495250  
C/O FRANCIS E. HOBAN, JR., CPA  
PORT CHARLOTTE, FL 33949 US

**New Mailing Address:**

FEI Number: 72-1533076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REYNOLDS, JOSEPH J  
4055 TAMIAMI TRAIL  
SUITE 30, C/O FRANCHIS E. HOBAN, JR., CPA  
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DECLITIO, ADELARDO D  
Address: 1902 JOLLIBEE PLAZA, EMERALD AVE.  
City-St-Zip: PASIG CITY, METRO MANILA, RP 1600 RP

Title: D ( ) Delete  
Name: DECLITO, LIWAYWAY  
Address: 1902 JOLLIBEE PLAZA, EMERALD AVE.  
City-St-Zip: PASIG CITY, METRO MANILA, RP 1600 RP

Title: P/D ( ) Delete  
Name: REYNOLDS, JOSEPH J  
Address: 1902 JOLLIBEE PLAZA, EMERALD AVENUE  
City-St-Zip: PASIG CITY, METRO MANILA, RP 1600 RP

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH REYNOLDS

MR

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date