

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004581

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL RELIEF TEAMS, INC.

**Current Principal Place of Business:**

4560 ALVARADO CANYON RD. STE. 2G  
SAN DIEGO, CA 92120

**New Principal Place of Business:**

**Current Mailing Address:**

4560 ALVARADO CANYON RD. STE. 2G  
SAN DIEGO, CA 92120

**New Mailing Address:**

**FEI Number:** 33-0412751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: CD ( ) Delete  
Name: SAUNDERS, BRIAN MD  
Address: 4141 PALLON CT.  
City-St-Zip: SAN DIEGO, CA 92124

Title: D ( ) Delete  
Name: DALY, SHARYN  
Address: PO BOX 119  
City-St-Zip: DEL MAR, CA 92014

Title: D ( ) Delete  
Name: FORNEY, HAROLD J MD  
Address: 6359 ALEXANDRIA CIR.  
City-St-Zip: CARLSBAD, CA 92009

Title: CEO ( ) Delete  
Name: LA FORGIA, A. BARRY  
Address: 10558 VIACHA DR.  
City-St-Zip: SAN DIEGO, CA 92124

Title: D ( ) Delete  
Name: PHIFE, SUSIE  
Address: 11695 EASTFIELD RD  
City-St-Zip: POWAY, CA 92064

Title: D ( ) Delete  
Name: ROBERTS, MARIA  
Address: 610 ADELLA LANE  
City-St-Zip: CORONADO, CA 92118

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BICKLER, STEPHEN MD  
Address: 3804 SHASTA ST.  
City-St-Zip: SAN DIEGO, CA 92109

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  
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: A. BARRY LA FORGIA

CEOD

04/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date