

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001768

FILED
Jan 16, 2009
Secretary of State

Entity Name: NORDIC RELIEF ALLIANCE, INC.

Current Principal Place of Business:

8068 NW 29 STREET
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

8068 NW 29 STREET
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 03-0399724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRICK, WILLIAM W JR
1216 E ATLANTIC BLVD, STE 7
POMPANO BEACH, FL 33060 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: D () Delete
Name: GULDSTRAND, INGVAR
Address: 3430 GALT OCEAN DR #702
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: ANDERSON, KJELL
Address: LAKARNISSIONEN, SE-16288
City-St-Zip: VALLINGBY, SWEDEN, OC

Title: D () Delete
Name: GONZALEZ, RAFAEL
Address: 10361 SW 20 TERR
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: FORSBERG, DAVID R
Address: 4802 NW 116 AVENUE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GULDSTRAND, INGVAR
Address: 8068 NW 29 ST
City-St-Zip: DORAL, FL 33122

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: RAFAEL GONZALEZ

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date