

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003274

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: GLOBAL DIVERSITY ALLIANCE, INC.

**Current Principal Place of Business:**

1160 ONEIDA STREET  
DENVER, CO 80220

**New Principal Place of Business:**

**Current Mailing Address:**

1212 KINGSTON BLVD  
EDMOND, OK 73034

**New Mailing Address:**

FEI Number: 02-0625245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LICKO, CAROL A  
1111 BRICKELL AVE STE 1900  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: NUNES, FRED  
Address: 14907 RUNNING RIDGE LANE  
City-St-Zip: SILVER SPRING, MD 209061954 US

Title: TD ( ) Delete  
Name: IANNI, DINO  
Address: 940 LOGAN STREET  
City-St-Zip: DENVER, CO 80203 US

Title: D ( ) Delete  
Name: PRICE, CHRISTOPHER J  
Address: 1212 KINGSTON BLVD  
City-St-Zip: EDMOND, OK 73034 US

Title: SD ( ) Delete  
Name: PRICE, ANDREA  
Address: 1160 ONEIDA STREET  
City-St-Zip: DENVER, CO 80220

**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  
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: CHRISTOPHER J PRICE

D

04/25/2009

Electronic Signature of Signing Officer or Director

Date