

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009254

FILED
May 19, 2007
Secretary of State

Entity Name: UNITED STATES AND CAUCASUS ASSOCIATION FOR DEMOCRACY AND PEACE INC.

Current Principal Place of Business:

3414 N MAIN STR
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3140 TAMARISK CT,
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 68-0600915 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MKHEIDZE, SHOTA
1511 NUUANU AVE
#62
HONOLULU HI, FL 96817 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: MKHEIDZE, SHOTA
Address: 1511 NUUANU AVE
City-St-Zip: HONOLULU, HI 96817

Title: D () Delete
Name: GAMZIRI, ANZORI Z
Address: #7 BATUIMI
City-St-Zip: REPUBLIC OF GEORGIA 384001, OC

Title: D () Delete
Name: ELIZIANO, AVIADI
Address: 25200 CARLOS BEE BLVD APT 191
City-St-Zip: HAYWARD, CA 94542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ELIZIANI, ZVIADI
Address: 25200 CARLOS BEE BLVD APT 191
City-St-Zip: HAYWARD, CA 94542

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: SHOTA MKHEIDZE

PD

05/19/2007

Electronic Signature of Signing Officer or Director

Date