2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009254

FILED Jan 18, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3414 N MAIN STR 3414 N MAIN STR В

JACKSONVILLE, FL 32206

JACKSONVILLE, FL 32206

Current Mailing Address: New Mailing Address:

1120 PUA LN 3140 TAMARISK CT.

JACKSONVILLE, FL 32246 #301

HONOLULU, HI 96817

FEI Number: 68-0600915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MKHEIDZE, SHOTA MKHEIDZE, SHOTA PD

1511 NUUANU AVE 1120 PUA LN

#62 #301

HONOLULU HI, FL 96817 US HONOLULU HI, FL 96817 US

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: SHOTA MKHEIDZE 01/18/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MKHEIDZE, SHOTA MKHEIDZE, SHOTA Name: Name: 1511 NUUANU AVE Address: 1120 PUA LN APT # 301 Address: City-St-Zip: HONOLULU, HI 96817 City-St-Zip: HONOLULU, HI 96817

Title: Title: () Delete () Change () Addition

GAMZIRI, ANZORI Z Name: Name: Address: #7 BATUIMI Address: REPUBLIC OF GEORGIA 384001, OC City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

ELIZIANI, ZVIADI Name: Name: 25200 CARLOS BEE BLVD APT 191 Address: Address: City-St-Zip: HAYWARD, CA 94542 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: SHOTA MKHEIDZE PD 01/18/2008