

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004383

FILED
Apr 01, 2007
Secretary of State

Entity Name: NATION TO NATION INC.

Current Principal Place of Business:

551 AUDUBON BLVD
SUITE 201
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

551 AUDUBON BLVD.
SUITE 201
NAPLES, FL 34110

New Mailing Address:

FEI Number: 16-1723046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASIN, ALEXEI M
551 AUDUBON BLVD.
SUITE 201
NAPLES, FL 34110 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: PCEO () Delete
Name: RASIN, ALEXEI M
Address: 551 AUDUBON BLVD STE 201
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: BRAILKO, VICTOR
Address: SHEVCHENKO STR. 22/46
City-St-Zip: POLTAVA, UA 36024

Title: S () Delete
Name: KOBELJTSKI, VASILIJ
Address: SHERNOGLAZOVSKAJ STR. 26
City-St-Zip: GLUCHOV POLTAVSKIJ RAJON, UA 37043

Title: CEO () Delete
Name: ALEXEI, RASIN
Address: 551 AUDUBON BLVD. STE. 201
City-St-Zip: NAPLES, FL 34110 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RASIN, ALEXEI M
Address: 551 AUDUBON BLVD STE 201
City-St-Zip: NAPLES, FL 34110

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 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: ALEXEI RASIN

CEO

04/01/2007

Electronic Signature of Signing Officer or Director

Date