2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004383

City-St-Zip:

Title:

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Name:

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POLTAVA, UA 36024

KOBELJTSKI, VASILIJ

NAPLES, FL 34110 US

CEO

ALEXEI, RASIN

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() Delete

551 AUDUBON BLVD. STE. 201

GLUCHOV POLTAVSKIJ RAJON, UA 37043

SHERNOGLAZOVSKAJ STR. 26

Entity Name: NATION TO NATION INC.

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 551 AUDUBON BLVD SUITE 201 NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 551 AUDUBON BLVD. SUITE 201 NAPLES, FL 34110 FEI Number: 16-1723046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RASIN, ALEXEI M 551 AÚDUBON BLVD. SUITE 201 NAPLES, FL 34110 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Delete () Change () Addition RASIN, ALEXEI M Name: Name: Address: 551 AUDUBON BLVD STE 201 Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BRAILKO, VICTOR Name: Address: SHEVCHENKO STR. 22/46 Address:

City-St-Zip:

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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

SIGNATURE: ALEXEI RASIN CEO 03/27/2008

above, or on an attachment with an address, with all other like empowered.

() Change () Addition

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