2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005955

FILED Apr 30, 2007 Secretary of State

Entity Name: FOUNDATION FOR INTERNATIONAL ASSISTANCE & DEVELOPMENT, IAF,INC.

Current P	rincipal Place	of Busi	iness:	New Principal Pl	lace of Business:
1200 G. ST SUITE 800	TREET, NW				
	TON DC, DC	20005	US		
Current M	lailing Addres	s:		New Mailing Add	dress:
	TREET, NW				
SUITE 800 WASHING	TON DC, DC	20005	US		
FEI Number:	20-2977411	FEI Nu	mber Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of C	urrent l	Registered Agent:	Name and Addre	ess of New Registered Agent:
RIVERA, M 8770 SUN MIAMI, FL	SET DRIVE			RIVERA, MARIA 3815 SW 105 CO MIAMI, FL 33165	
	named entity s	submits :	this statement for the	purpose of changing its regis	stered office or registered agent, or both,
	e of Florida.				
	e of Florida.				04/30/2007
n the State	e of Florida. * RE:		ture of Registered Ag	ent	04/30/2007 Date
in the State	e of Florida. * RE:	ic Signa			
n the State	e of Florida. RE: Electron S AND DIREC	nic Signa TORS: Delete	ture of Registered Ag		Date
n the State SIGNATUF OFFICERS Fitle: Name: Address:	e of Florida. RE: Electron S AND DIREC P () RIVERA, MARIA 1200 G STREE WASHINGTON	TORS: Delete A T, NW DC, DC 2 Delete MANUEL T, NW	ture of Registered Ag	ADDITIONS/CHA Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTO
n the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electron S AND DIREC P () RIVERA, MARIA 1200 G STREE WASHINGTON VP () RODRIGUEZ, M 1200 G STREE WASHINGTON	TORS: Delete A T, NW DC, DC 2 Delete MANUEL T, NW DC, DC 2 Delete DSE L.E.	ture of Registered Ag 20005 US 20005 US	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR () Change () Addition

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: MARIA RIVERA P 04/30/2007