2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State

DOCUMENT # N0500007343 1. Entity Name BURUNDI ORPHAN RELIEF, INC.						07-14-2008 90028 009 ****70.00				
2343 HOLLY LANE 2343			ailing Address 343 HOLLY LANE ALM BEACH GARDENS, FL 33410			. ·	el Allel Catle Balle White	117 A W EEL A W EEL L		Irioma ma 1640
2. Principal Place of Business - No P.O. Box #			3. Mailing Address P. O. Box 312 03							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			07072008	Chg-NP	CR2E	37 (12/06)	
City & State			City & State PAlm Beach Grandens F Zip Country			4. FEI Number 20-30782	48	******		oplied For ot Applicable
Zip	Country	77F	20-1203	Country		5. Certificate of S	Status Desired	X	\$8.75 Ad Fee Require	ditional
	6. Name and Address of	of Current Registere	d Agent		l	7. Name and Ad	dress of New F	tegistered		
MOHER, 1				Name						
2343 HOLLY LANE PALM BEACH GARDENS, FL 33410				Street A	vddress (P	O. Box Number is	Not Acceptable	e) 		
									Zip Cod	
The above named entity submits this statement for the purpose					City					
the obligat	named entity submits this st tions of registered agent.	atement for the purp	ose of changing its	registered office of	r registere	d agent, or both, is	n the State of Fk	orida. I am	n familiar with,	and accept
SIGNATURE	3. N. 188									
SIGNATORE	Signature, typed or printed name of rec	gistered agent and title if app	licable. (NOT	E: Registered Agent signat	ture required v	when reinstating)		DATE		
Filing Fee is \$61.25 Due by September 12, 2008										
<u> </u>		2008	9. Election Car Trust Fund C	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	,		k payable t	
10.	ue by September 12, OFFICER	2008 IS AND DIRECTORS	Trust Fund (Contribution.	LJ ,	Added to Fees DDITIONS/CHANG	Flor SES TO OFFICE	rida Depa	rtment of S	tate V 10
10. TITLE NAME	OFFICER D MOHER, THOMAS			11. TITLE NAME	LJ ,	Added to Fees	Flor SES TO OFFICE	rida Depa	rtment of S	tate
10.	ue by September 12, OFFICER D	IS AND DIRECTORS	Trust Fund (20ntribution.	LJ ,	Added to Fees DDITIONS/CHANG	Flor SES TO OFFICE	rida Depa	rtment of S	tate V 10
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indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Sandyea C. Moher

Sandyea C. Moher

Sandyea C. Moher

Sandyea C. Moher

BOMATURE:

BOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deptine Phone 8