2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N05000007343

Entity Name: BURUNDI ORPHAN RELIEF, INC.

Current Principal Place of Business:

2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31203
PALM BEACH GARDENS, FL 334201203

New Mailing Address:

FEI Number: 20-3078248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOHER, THOMAS
2343 HOLLY LANE
PALM BEACH GARDENS, FL 33410 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:	PD	( ) Delete
Name:	MOHER, THOMAS	
Address:	2343 HOLLY LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	SD	( ) Delete
Name:	MOHER, SANDY	
Address:	2343 HOLLY LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	D	( ) Delete
Name:	WHITTER, RICK	
Address:	142 SANTA BARBARA WAY	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	VPD	( ) Delete
Name:	WHITTER, LETHA	
Address:	142 SANTA BARBARA WAY	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	TD	( ) Delete
Name:	ROYALS, JOSEPH	
Address:	2305 EDGEWATER DR., #176	
City-St-Zip:	ORLANDO, FL 32804	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: THOMAS MOHER PD 03/28/2009

Electronic Signature of Signing Officer or Director — Date