2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# N06000006541

Entity Name: KADIWALA RELIEF FUND, INC.

Current Principal Place of Business:

1923 GULFVIEW DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

1923 GULFVIEW DRIVE
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 20-4860153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KADIWALA, MOHAMMED Y
1923 GULFVIEW DRIVE
HOLIDAY, FL 34691 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: KADIWALA, MOHAMMED Y
Address: 1923 GULFVIEW DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: NAWAB, AHMED
Address: 1923 GULFVIEW DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: SEACHRIST, BRIAN
Address: 1923 GULFVIEW DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: RAHIM, ADBUR
Address: 1923 GULFVIEW DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D ( ) Delete
Name: KADIWALA, MUBIN Y
Address: 1923 GULFVIEW DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NAWAB, AHMED
Address: 7229,17TH.COURT N.E.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D (X) Change ( ) Addition
Name: SEACHRIST, BRIAN
Address: 1437 ROGERS ST.
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change ( ) Addition
Name: RAHIM, ADBUR
Address: 5749,WESTSHORE DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: M.U.KADIWALA PD 01/27/2008

Electronic Signature of Signing Officer or Director — Date