## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011932

City-St-Zip:

PLANTATION, FL 33317

FILED Mar 10, 2008 Secretary of State

Entity Name: SWAZIAID, INC **Current Principal Place of Business: New Principal Place of Business:** 4258 NW 35TH ST. GAINESVILLE, FL 32605 **Current Mailing Address: New Mailing Address:** P.O. BOX 141421 4600 SW 34TH ST. GAINESVILLE, FL 32608 FEI Number: 71-1017293 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: LIN, EDWARD Y 4258 NW 35TH ST. GAINESVILLE, FL 32605 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: () Change () Addition () Delete LIN, EDWARD Y Name: Name: Address: 4258 NW 35TH ST. Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOKESH, ABHIMANYU Name: Address: 3893 MULLENHURST DRIVE Address: City-St-Zip: PALM HARBOR, FL 346845 City-St-Zip: Title: () Delete Title: () Change () Addition THEODORE, ALEXANDROS D Name: Name: Address: 316 FARMINGTON DR. Address:

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.

City-St-Zip:

SIGNATURE: EDWARD LIN MR. 03/10/2008