

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005755

Entity Name: ONSITE RELIEF INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

6614 MANOR BEACH ROAD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6614 MANOR BEACH ROAD
NEW PORT RICHEY, FL 34652

New Mailing Address:

121 39TH STREET SOUTH
WASAGA BEACH, ONTARIO, CANADA, ON L9Z 1S2 OC

FEI Number: 71-1031532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, GENEVIEVE
6614 MANOR BEACH RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

BHAGAT, JUSTIN
6614 MANOR BEACH RD
NEW PORT RICHEY, FL 34652 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: JUSTIN BHAGAT

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BHAGAT, JUSTIN
Address: 121 39TH STREET SOUTH, WASAGA BEACH,
City-St-Zip: ONTARIO, CANADA L9Z 1S2, OC

Title: S () Delete
Name: CAMPBELL, ELIZABETH
Address: 20 CALLARY CRES, COLLINGWOOD,
City-St-Zip: ONTARIO, CANADA L9Y 4Y1, OC

Title: T () Delete
Name: GRIFFIN, GENEVIEVE
Address: 121 39TH STREET SOUTH, WASAGA BEACH,
City-St-Zip: ONTARIO, CANADA L9Z 1S2, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BHAGAT, JUSTIN
Address: 121 39TH STREET SOUTH
City-St-Zip: WASAGA BEACH, ONTARIO, CANADA, ON L9Z 1S2 OC

Title: S (X) Change () Addition
Name: CAMPBELL, ELIZABETH
Address: 20 CALLARY CRES
City-St-Zip: COLLINGWOOD, ONTARIO, CANADA, ON L9Y 4Y1 OC

Title: T (X) Change () Addition
Name: GRIFFIN, GENEVIEVE
Address: 121 39TH STREET SOUTH
City-St-Zip: WASAGA BEACH, ONTARIO, CANADA, ON L9Z 1S2 OC

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: JUSTIN BHAGAT

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date