

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008707

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: SPIRITUAL DIPLOMACY INC.

**Current Principal Place of Business:**

4183 MOKENA AVE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

4183 MOKENA AVE  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BISTREVSKY, EKATERINA  
2987 LA TASSELL ST  
NORTH PORT, FL 34288 US

**Name and Address of New Registered Agent:**

TEMNOV, PAVEL  
6387 PAN AMERICAN BLVD.  
NORTH PORT, FL 34288 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: PAVEL TEMNOV

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORGULIS, MIKHAIL  
Address: 4183 MOKENA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete  
Name: BAZALEV, MARK  
Address: 4183 MOKENA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: S ( ) Delete  
Name: TITOVA, TATYANA  
Address: 4183 MOKENA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: MARKHAM, MICHAEL  
Address: 4183 MOKENA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: LEONOVICH, ALEX DR.  
Address: 4183 MOKENA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: MATWIJECKY, CORNELIUS DR.  
Address: 4183 MOKENA AVE  
City-St-Zip: NORTH PORT, FL 34286

**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:

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: MIKHAIL MORGULIS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date