

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000275

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** INTERNATIONAL ADOPTION AGENCY, INC.

**Current Principal Place of Business:**

18090 COLLINA AV  
SUITE T-10  
N MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

9801 COLLINS AV  
AP 6J  
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number:** 65-1023309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKOVA, VICTORIA V PRESIDE  
10160 COLLINS AVE  
APT 205 N  
BAL HARBOUR, FL 33154 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: DVP ( ) Delete  
Name: DOLGUSHINA, TAMARA  
Address: 9801 COLLINS AVE AP 6J  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VPD ( ) Delete  
Name: MARKOVA, VICTORIA  
Address: 10160 COLLINS AVE AP 205  
City-St-Zip: BAL HARBOUR, FL 33154

Title: TD ( ) Delete  
Name: MARKOVA, MARIA  
Address: 10160 COLLINS AVE AP 205  
City-St-Zip: BAL HARBOUR, FL 33154

**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:

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: TAMARA DOLGUSHINA

DVP

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date