

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003335

FILED
May 06, 2006
Secretary of State

Entity Name: KARELIANS OF FLORIDA, INC.

Current Principal Place of Business:

MARJATTA NIEMINEN
2724 N. GARDEN DRIVE # 204
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3542
LANTANA, FL 33465 US

New Mailing Address:

FEI Number: 65-0226386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARJATTA, NIEMINEN PRES
PO 3542
LANTANA, FL 33465 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: P () Delete
Name: NIEMINEN, MARJATTA
Address: 2724 N. GARDEN DR # 204
City-St-Zip: LAKE WOTH, FL 33461

Title: VP () Delete
Name: VALTONEN, HEIKKI
Address: 231-7 NE 12TH TER.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: KASURINEN, HELENA
Address: 3020 NORTH EVERGREEN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Delete
Name: TUUTTI, SILJA
Address: 722 RIDGE RD. #8
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: HAAPALA, EILA
Address: 7020 HALF MOON CIRCLE
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: PALOKAS, SEPPO
Address: 1102 S. OAKRIDGE CIR.
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: VALTONEN, HEIKKI
Address: 7020 HALF MOON CIRCLE # 508
City-St-Zip: HYPOLXO, FL 33462

Title: SD (X) Change () Addition
Name: DESIMONE, LEILA
Address: 3931 CAROLINA DR
City-St-Zip: LAKE WORTH, FL 33461

Title: T (X) Change () Addition
Name: HILL, DAVID
Address: 42 SALISBURY B
City-St-Zip: WEST PALM BEACH, FL 33417

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 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: DAVID HILL

T

05/06/2006

Electronic Signature of Signing Officer or Director

Date