

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003335

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: KARELIANS OF FLORIDA, INC.

## Current Principal Place of Business:

EERO SUNI  
7720 STONE HARBOR DR. # 1  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3542  
LANTANA, FL 33462 US

## New Mailing Address:

PO BOX 3542  
LANTANA, FL 33465 US

FEI Number: 65-0226386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EERO, SUNI PRES  
PO 3542  
LANTANA, FL 33462 US

## Name and Address of New Registered Agent:

EERO, SUNI PRES  
7720 STONE HARBOR DR. # 1  
LAKE WORTH, FL 33467 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: EERO SUNI

03/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUNI, EERO  
Address: 7720 STONE HARBOR DR. # 1  
City-St-Zip: LAKE WOTH, FL 33467

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

Title: SD ( ) Delete  
Name: KUKKONEN, JURKKA  
Address: 2204 LAKE OSBORNE DR. # 18  
City-St-Zip: LAKE WORTH, FL 33461

Title: T ( ) Delete  
Name: LINDHOLM, EIJA  
Address: 4920 BROADSTONE CIRC  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete  
Name: HILL, DAVID  
Address: 42 SALISBURY B  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete  
Name: KUKKONEN, JURKKA  
Address: 2204 LAKE OSBORNE DR. # 18  
City-St-Zip: LAKE WORTH, FL 33461

## 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: EIJA LINDHOLM

MRS

03/09/2009

Electronic Signature of Signing Officer or Director

Date