# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# N99000001924

**Entity Name:** CHILDREN OF THE NATIONS INTERNATIONAL ADOPTIONS, INC.

**Current Principal Place of Business:**

10241 WIDGEON WAY
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10241 WIDGEON WAY
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

**FEI Number: 59-3576157** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

ALESSANDRO, BARBARA G
10241 WIDGEON WAY
NEW PORT RICHEY, FL 34654 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: PD ( ) Delete
Name: ALESSANDRO, BARBARA G
Address: 10241 WIDGEON WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP ( ) Delete
Name: THIBAULT, CHALETE
Address: 3545 WAKE ROBIN WAY
City-St-Zip: CUMMING, GA 30040

Title: D ( ) Delete
Name: BURKE, TERESA
Address: 1000 E. OCEAN BLVD, SUITE 514
City-St-Zip: LONG BEACH, CA 90802

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition
Name: BURKE, TERESA
Address: 9345 BRAYMORE CIRCLE
City-St-Zip: FAIRFAX STATION, VA 22039

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: BARBARA G. ALESSANDRO PRES 05/01/2008

Electronic Signature of Signing Officer or Director — Date