2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144163

Entity Name: KARELIA CORPORATION

Apr 11, 2007 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134

Current Mailing Address:

FEI Number: 20-8476309

New Mailing Address:

901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134

245 MICHIGAN AVENUE APT GL 10 MIAMI BEACH, FL 33139

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134

RICARDO, URIBE 245 MICHIGAN AVENUE APT GL 10 MIAMI BEACH, FL 33139 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.

Title:

SIGNATURE: RICARDO URIBE

04/11/2007

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete

URIBE, RICARDO Name:

Address:

901 PONCE DE LEON BLVD STE 603

City-St-Zip: CORAL GABLES, FL 33134

URIBE, RICARDO Name: Address: 245 MICHIGAN AVENUE APT GL 10

City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO URIBE 04/11/2007 D

Electronic Signature of Signing Officer or Director

Date