

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004417

**Entity Name:** ILLIEN ADOPTIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

1250 PIEDMONT AVE NE  
ATLANTA, GA 30309

**Current Mailing Address:**

610 14TH AVE.WEST  
PALMETTO,, FL 34221 US

**FEI Number: 62-1749509**

**Certificate of Status Desired: No**

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

THORNTON, DEBORAH  
610 14TH AVE. WEST  
PALMETTO, FL 34221 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CHRM  
Name            BLACK, CHARLES  
Address        721 HILLSIDE VILLAGE DRIVE, SE  
City-State-Zip: ATLANTA GA 30317

Title            VCHR  
Name            SCIVIQUE, LILY  
Address        1015 MICHIGAN AVE, NE  
City-State-Zip: ATLANTA GA 30314

Title            MEM  
Name            MATTA, STEVE  
Address        1817 WICKSLEY WAY  
City-State-Zip: MARIETTA GA 30062

Title            PRES  
Name            ILLIEN, ANNA BELLE  
Address        1250 PIEDMONT AVE NE  
City-State-Zip: ATLANTA GA 30309

Title            SECR  
Name            MIZE, DEE DEE  
Address        4402 SHAG BARK TRAIL  
City-State-Zip: GAINESVILLE GA 30507

Title            MEMB  
Name            CHAVEZ, SUSANA  
Address        553 SEMINOLE AVE NE  
City-State-Zip: ATLANTA GA 30307

*I hereby 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 all other like empowered.*

**SIGNATURE: ANNA BELLE ILLIEN**

**PRESIDENT**

**03/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date