2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845032

FILED Mar 13, 2007 Secretary of State

Entity Name: ARMENIAN RELIEF SOCIETY OF EASTERN U.S.A., INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
30 BIGELO SUITE 200	W AVENUE				
	DWN, MA 0247:	2			
Current Mailing Address:			New Mailing Address:		
SUITE 200	OW AVENUE OWN, MA 0247:	2			
El Number:	04-2684459	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324				
	named entity su e of Florida.	ubmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	c Signature of Registered Agen	t	Date	
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
T:41	PD ()[Delete	Title:	() Ob () 0 delition	
Name: ∖ddress:	PARSEGHIAN, M 20 WOODLAND LOWELL, MA 0°	IURIEL PARK APT #347	Name: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	PARSEGHIAN, N 20 WOODLAND LOWELL, MA 01	IURIEL PARK APT #347 1852 Delete R /E	Name: Address:	VPD (X) Change () Addition KILEDJIAN, KNAR 517 OREGON AVE CLIFFSIDE PARK, NJ 07010	
Name: Address: City-St-Zip: Fitle: Name: Address:	PARSEGHIAN, M 20 WOODLAND LOWELL, MA 0' D () I KILEDJIAN, KNA 517 OREGON AN CLIFFSIDE PAR	IURIEL PARK APT #347 1852 Delete R //E K, NJ 07010 Delete RI ST.	Name: Address: City-St-Zip: Title: Name: Address:	VPD (X) Change () Addition KILEDJIAN, KNAR 517 OREGON AVE	
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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: MURIEL PARSEGHIAN PD 03/13/2007