

**(NONPROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF**

FILE NUMBER

RUNNING FOR A REASON



(Name of Corporation)

E0661572008-8

FOR THE FILING PERIOD OF OCT, 2008 TO OCT, 2009. Due by Nov 30, 2008

The corporation's duly appointed registered agent in the State of Nevada upon whom process can be served is:

MARC GOHRES  
 10409 PACIFIC PALISADES AVE  
 LAS VEGAS NV 89144-1221

CHECK BOX IF YOU REQUIRE A FORM TO UPDATE YOUR REGISTERED AGENT INFORMATION

Important: Read instructions before completing and returning this form.

THE ABOVE SPACE IS FOR OFFICE USE ONLY

1. Print or type names and addresses either residence or business, for all officers and directors. A **President, Secretary, Treasurer, or equivalent of and all Directors** must be named. Have an **officer** sign the form. *FORM WILL BE RETURNED IF UNSIGNED*
2. If there are additional directors attach a list of them to this form.
3. Return the completed form with the \$25.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the last day of the first month following the incorporation/initial registration with this office.
4. Make your check payable to the **Secretary of State**. Your cancelled check will constitute a certificate to transact business per NRS 78.155. To receive a certified copy, enclose an additional \$30.00 and appropriate instructions.
5. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, NV 897014201. (775) 684-5708.
6. Form must be in the possession of the Secretary of State on or before the first month following the incorporation/initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$25.00 LATE PENALTY: \$50.00

NAME	TITLE(S) <b>PRESIDENT</b> (OR EQUIVALENT OF)
ADDRESS	CITY St Zip
NAME	TITLE(S) <b>SECRETARY</b> (OR EQUIVALENT OF)
ADDRESS	CITY St Zip
NAME	TITLE(S) <b>TREASURER</b> (OR EQUIVALENT OF)
ADDRESS	CITY St Zip
NAME	TITLE(S) <b>DIRECTOR</b>
ADDRESS	CITY St Zip

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Signature of Officer

Title

Date





