2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008518

FILED May 09, 2006 Secretary of State

Entity Name: USA/SA/AFRICA, HIV/AIDS/HEALTH/WATER, PROJECT, INC.

Current Principal Place of Business: New Principal Place of Business: 713 CHESSWOOD COURT JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 713 CHESSWOOD COURT JACKSONVILLE, FL 32259 FEI Number: 59-0637829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: SIMMONS, ELLA M 11625 OLD ST. AUGUSTINE RD JACKSONVILLE, FL 32258 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition SIMMONS, ELLA M Name: Name: 713 CHESSWOOD COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: VP#1 () Delete Title: CONS (X) Change () Addition WILLIAMS, DERYA E Name: WILLIAMS, DERYA E Name: Address: 1447 SARASOTA LANE Address: 1447 SARASOTA LANE City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: VP#2 () Delete Title: CONS (X) Change () Addition NASH, JACQUELYN J NASH, JACQUELYN J Name: Name: Address: 3025 ALTAMONT AVENUE, EAST Address: 3025 ALTAMONT AVENUE, EAST City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: VP#3 () Delete Title: CONS (X) Change () Addition Name: DR. GOLDHAGEN, MD, JEFFERY Name: DR. GOLDHAGEN, MD, JEFFERY Address: 515 WEST 6TH STREET Address: 4318 BLUE HERON DRIVE City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: CONS () Delete Title: (X) Change () Addition DR. SOHA, MD, MARY SIMMONS III, CHARLES N Name: Name: 1090 ARBOR LANE 713 CHESSWOOD COURT Address: Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259

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: ELLA M. SIMMONS PRES 05/09/2006