2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N04000005153

Entity Name: HAITI GOUVERNANCE, INC.

Current Principal Place of Business:

755 ARUNDEL CIR
FT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

755 ARUNDEL CIR
FT MYERS, FL 33913

New Mailing Address:

FEI Number: 34-2010289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLTAIRE, JACKSON
755 ARUNDEL CIR
FT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: VOLTAIRE, JACKSON
Address: 755 ARUNDEL CIR
City-St-Zip: FT MYERS, FL 33913

Title: V ( ) Delete
Name: JOSEPH, WILLOT
Address: 10701 NW 28 PL
City-St-Zip: SUNRISE, FL 33322

Title: M ( ) Delete
Name: JONASSAINT, ARTY
Address: 7051 ENVIRON BLVD #134
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete
Name: SILME, WILDAIRE
Address: 1321 NE 41 DR
City-St-Zip: POMPANO BCH, FL 33064

Title: M ( ) Delete
Name: EXUME, ERNEST
Address: 1621 SW 102 PL
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M ( ) Change (X) Addition
Name: ETHÉART, JEAN-CLAUDE
Address: 755 ARUNDEL CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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: JACKSON VOLTAIRE P 02/14/2006

Electronic Signature of Signing Officer or Director — Date