2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007193

Entity Name: P.E.C. MULTI CULTURE CENTER, INC.

FILED Apr 12, 2006 Secretary of State

1506 WINGFIELD STREET 1506 WINGFIELD STREET LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

P.O BOX 3221 P.O BOX 3221

LANTANA, FL 33465 LANTANA, FL 33465 US

FEI Number: 34-2001572 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DERIZIER, NIRVA MD DERIZIER, NIRVA MD 625 S DIXÍE HWY 625 S DIXIE HWY

LAKE WORTH, FL 33460 US LAKE WORTH,, FL 33460 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: NIRVA DERIZIER 04/12/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition AMIUS, PIERROT (PETE, R) AMIUS, PETER, Name: Name: 1506 WINGFIELD STREET Address: 1506 WINGFIELD STREET Address: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JEUNE, EVY O Name: Address: 2262 RIDGEWOOD CIR Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: LOWE, RETHA Name: 1301 12TH AVE S Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33460 US Title: () Delete Title: () Change (X) Addition Name: Name: EUGENE, CRESCENT 1147 WINDING ROSE WAY Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33415 US Title: () Delete Title: () Change (X) Addition BIEN-AIME, MARC Name: Name: 400 S DIXIE HWY SUITE 5 Address: Address: City-St-Zip: City-St-Zip: LAKE WORTH, FL 33460 US Title: () Delete Title: () Change (X) Addition VALENTINE O., IRLANDE

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.

Name:

Address:

City-St-Zip:

2262 RIDGEWOOD CIR

ROYAL PALM BEACH, FL 33411 US

SIGNATURE: PETER AMIUS PD 04/12/2006