2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N05000003391

Entity Name: CARIBBEAN HEALTH FOUNDATION INC.

Current Principal Place of Business:

2800 W OAKLAND PARK BLVD - # 107
OAKLAND PARK, FL 33311

New Principal Place of Business:

2800 W OAKLAND PARK BLVD - # 101
OAKLAND PARK, FL 33311

Current Mailing Address:

2800 W OAKLAND PARK BLVD - # 107
OAKLAND PARK, FL 33311

New Mailing Address:

2800 W OAKLAND PARK BLVD - # 101
OAKLAND PARK, FL 33311

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDRE, DIXON
2800 W OAKLAND PARK BLVD - # 107
OAKLAND PARK, FL 33311 US

Name and Address of New Registered Agent:

ALEXANDRE, DIXON
2800 W OAKLAND PARK BLVD - # 101
OAKLAND PARK, FL 33311 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: 04/27/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VOYARD, RANDOLPH
Address: 14910 BEL AIRE DR
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete
Name: HENAO, CESAR
Address: 11 RUE DES HETRES, COYES-LA-FORET
City-St-Zip: 60580 FRANCE,

Title: D ( ) Delete
Name: LAMOTHE, FERNAND
Address: 1401 DEWEY ST
City-St-Zip: HOLLYWOOD, FL 30020

Title: D ( ) Delete
Name: COUVEZ, ANNIE
Address: 45 RUE RICHARD GARDEBLED, ROSNY-SOUS-BOIS
City-St-Zip: 93110 FRANCE,

Title: D ( ) Delete
Name: KESLER, DIDIER
Address: 95 BOULEVARD BERTHIER, PARIS
City-St-Zip: 75017 FRANCE,

Title: D ( ) Delete
Name: GRAHAM, ERIC
Address: 1 PAS CHARLES, GANTHIER
City-St-Zip: HAITI, XX

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

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: VOYARD RANDOLPH DP 04/27/2006
Electronic Signature of Signing Officer or Director — Date