

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2006
Secretary of State**

DOCUMENT# N05000010085

Entity Name: HEMA UNIVERSAL LIFE COMMUNITY SERVICES INC

Current Principal Place of Business:

4620 SAINT CIRCLE LANE
SUITE 917
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

4620 SAINT CIRCLE LANE
SUITE 917
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3648225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGAL ZOOM NEVADA INC
44 W. FLAGLER ST
SUITE 675
MIAMI, FL 33130 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: D () Delete
Name: CALDERON, HENRY JR
Address: 4620 SAINT CIRCLE LANE SUITE 917
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: BENOIT, MARTHA
Address: 4620 SAINT CIRCLE LANE SUITE 917
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: VEGA, MANUEAL L
Address: 4620 SAINT CIRCLE LANE SUITE 917
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALDERON, HENRY JR
Address: 4620 SAINT CROIX LANE SUITE 917
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: BENOIT, MARTHA
Address: 4620 SAINT CROIX LANE SUITE 917
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: VEGA, MANUEAL L
Address: 4620 SAINT CROIX LANE SUITE 917
City-St-Zip: NAPLES, FL 34109

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: HENRY CALDERON JR

D

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date