

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010102

**FILED**  
**Jun 07, 2007**  
**Secretary of State**

**Entity Name:** REBUILDING AFTER MISFORTUNE, CORP.

**Current Principal Place of Business:**

2168 JOG ROAD  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

4521 PGA BLVD.  
286  
WEST PALM BEACH, FL 33418

**Current Mailing Address:**

2168 JOG ROAD  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

4521 PGA BLVD.  
286  
PALM BEACH GARDENS, FL 33418

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

THE HFA FINANCIAL SERVICES GROUP, INC.  
2168 JOG ROAD  
WEST PALM BEACH, FL 33415    US

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

THE HFA FINANCIAL SERVICES GROUP, INC.  
4521 PGA BLVD.  
286  
PALM BEACH GARDENS, FL 33418 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: HFA FINANCIAL SERVICES GROUP, INC.

06/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      HFA FINANCIAL SERVIC, ES GROUP. INC.  
Address:                      2168 JOG ROAD  
City-St-Zip:                      WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      P                      (X) Change ( ) Addition  
Name:                      HFA FINANCIAL SERVIC, ES GROUP. INC.  
Address:                      4521 PGA BLVD. UITE 286  
City-St-Zip:                      PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: HFA FINANCIAL SERVICES GROUP, INC.

P

06/07/2007

Electronic Signature of Signing Officer or Director

Date