

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 18, 2009  
Secretary of State**

DOCUMENT# N07000011027

Entity Name: THE HUMAN RIGHTS GROUP, INC.

**Current Principal Place of Business:**

309 JASMINE WAY  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 413  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 83-0499070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DRAZKOWSKI, LINDA  
309 JASMINE WAY  
CLEARWATER, FL 33756      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: DRAZKOWSKI, LINDA  
Address: P.O. BOX 413  
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete  
Name: DRAZKOWSKI, MICHAEL  
Address: P.O. BOX 413  
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete  
Name: ANDERSON, MARLIN  
Address: P.O. BOX 413  
City-St-Zip: CLEARWATER, FL 33757

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

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: D ( ) Change (X) Addition  
Name: SENE, YAMILA  
Address: 764 FORREST GLEN RD.  
City-St-Zip: CLEARWATER, FL 33765 US

Title: D ( ) Change (X) Addition  
Name: FERRERIA, SHERRI  
Address: P. O. BOX 413  
City-St-Zip: CLEARWATER, FL 33757 US

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: LINDA DRAZKOWSKI

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date