


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002988 1. Entity Name THE HAITIAN AMERICAN SELF-HELP ORGANIZATION, INC.	
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Principal Place of Business 8630 VALLEY RIDGE CT. ORLANDO, FL 32818	Mailing Address 8630 VALLEY RIDGE CT. ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3474488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PICARD, JEAN CLAUDE
 8630 VALLEY RIDGE COURT
 ORLANDO, FL 32818**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICARD, JEAN CLAUDE 8630 VALLEY RIDGE COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICARD, LAMERCIE 8630 VALLEY RIDGE COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, CHARLES 1511 GLASTONBERRY RD. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/03/05-80148-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean Claude Picard* **JEAN CLAUDE PICARD** 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #