2005 NOT-FOR-PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED ANNUAL REPORT Feb 12, 2005 08:00 AM DOCUMENT # N03000008587 **Secretary of State** 1. Entity Name STUDENTS HELPING ACHIEVE PHILANTHROPIC EXCELLENCE, INC. Principal Place of Business Mailing Address 2875 NE 191 ST STE 400 T2875 NE 191 ST STE 400 AVENTURA, FL 33180 _ AVENTURA, FL 33180 01042005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0290080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAPADAKIS, JOAN --DO NOT WRITE 2875 NE 191 ST STE 400 AVENTURA, FL 33180 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME GORDON, MARK J STREET ADDRESS 2875 NE 191 ST STE 400 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME PAPADAKIS, JOAN STREET ADDRESS 2875 NE 191 ST STE 400 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME PLATT, NANCY STREET ADDRESS 2875 NE 191 ST STE 400 DO NOT WRITE CITY-ST-ZIP AVENTURA, FL 33180 IN THIS SPACE TITLE NAME STUDNIK, STACY STREET ADDRESS 2875 NE 191 ST STE 400 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR