2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2006
Secretary of State

DOCUMENT# N01000007989

Entity Name: THE E.U.N.I.C.E. PROJECT INCORPORATION

Current Principal Place of Business:

3110 NW 191 ST.
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

PO BOX 173671
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 26-0017840 **FEI Number Applied For ( )** **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:

COX, BRENDA L
3110 NW 191 ST
MIAMI, FL 33056 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: PD ( ) Delete
Name: COX, BRENDA
Address: 3110 NW 191 ST
City-St-Zip: MIAMI, FL 33056

Title: VD ( ) Delete
Name: COX, LUCIUS
Address: 3110 NW 191 ST
City-St-Zip: MIAMI, FL 33056

Title: TD ( ) Delete
Name: EDWARDS, LENA
Address: 1851 NE 2ND AVE
City-St-Zip: B0YNTON BEACH, FL 33435

Title: S ( ) Delete
Name: MIXON, SHIRLEY
Address: 6021 NW 201STREET
City-St-Zip: HIALEAH, FL 33015

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRENDA L. COX PD 06/11/2006
Electronic Signature of Signing Officer or Director — Date