2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761090

FILED Jan 31, 2007 Secretary of State

Entity Name: HAITIAN MISSION OF POMPANO INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 333 HAMMONDVILLE RD 301/333 HAMMONDVILLE ROAD PO BOX 2086 POMPANO BCH, FL 33060 POMPANO BCH, FL 33061 **Current Mailing Address: New Mailing Address:** 333 HAMMONDVILLE RD PO BOX 2086 POMPANO BCH, FL 33061 FEI Number: 59-2348302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUMORNAY, JACQUES DUMORNAY, JACQUES 1584 N.W. 65 AVENUE 1584 N.W. 65 AVENUE US US MARGATE, FL 33065 MARGATE, FL 33063 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: 01/31/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DUMORNAY, RAYMONDE, Name: Name: 1584 NW 65TH AVE Address: Address: City-St-Zip: MARGATE, FL 00000. City-St-Zip: () Delete Title: PD Title: () Change () Addition DUMORNAY, JACQUES, Name: Name: 1584 NW 65TH AVE Address: Address: City-St-Zip: MARGATE, FL 00000. City-St-Zip: Title: () Delete Title: () Change () Addition IMBERT PIERRE NIXON, Name: Name: 6413 BRAEBURN Address: Address: City-St-Zip: N. LAUDERDALE, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: JEAN LOUIS HERMANN, Name: 2441 NE 3RD AVENUE Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change () Addition LEONARD, MARIE J., Name: Name: 1318 INTERLACHEN ST. Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: (X) Change () Addition JEAN PIERRE ALFRED, JEAN PIERRE ALFRED, Name: Name: Address: 4560 NE 3RD AVENUE Address: 4150 NW 66TH AVENUE FORT LAUDERDALE, FL 33334 CORAL SPRINGS, FL 33067 City-St-Zip: 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: JACQUES DUMORNAY PD 01/31/2007