2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# F02000001579

Entity Name: HAITIAN RESOURCE DEVELOPMENT FOUNDATION INCORPORATED

Current Principal Place of Business:

854 MARINA DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

854 MARINA DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 72-1074482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTOR, ALDY MD
854 MARINA DRIVE
WESTON, FL 33327 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: CASTOR, ALDY MD
Address: 854 MARINA DRIVE
City-St-Zip: WESTON, FL 33327

Title: V (X) Delete
Name: BATES, VIRGINIA DDS
Address: 854 MARINA DRIVE
City-St-Zip: WESTON, FL 33327

Title: S ( ) Delete
Name: LEBLANC, WEINER MD
Address: 2473 PROVIDENCE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: T ( ) Delete
Name: CHAMPAGNE, FRED MD
Address: 346 MALLARD ROAD
City-St-Zip: WESTON, FL 33327

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: ALDY CASTOR MD PRES 04/20/2006

Electronic Signature of Signing Officer or Director — Date