2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# F07000001967

Entity Name: FONDATION LOUIS ANDRE BENOIT CHRYSOSTOME D'APPUI AU DEVELOPPMENT INTERNATIONAL CORPORATION

Current Principal Place of Business:

3321 OVILA-HAMEL
ST HUBERT, QC J 3Y 8P5 CA

New Principal Place of Business:

Current Mailing Address:

3321 OVILA-HAMEL
ST HUBERT, QC J 3Y 8P5 CA

New Mailing Address:

FEI Number: 65-1308968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRYSOSTOME, PATRICK
141 MEADOWLANDS DR.
ROYAL PALM BEACH, FL 33411 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: CHRYSOSTOME, MYRLENE DR
Address: 3321 OVILA-HAMEL
City-St-Zip: ST HUBERT, QC J 3Y 8P5 CA

Title: VP ( ) Delete
Name: CHRYSOSTOME, MARC-ANDRE
Address: 5 IMPASSE CHARLES RUEMENOS, FONTAMARA 43`
City-St-Zip: PORT-AU-PRINCE, NA 011509 HA

Title: VP ( ) Delete
Name: COQUILLO, GARY
Address: 26 IMPASSE CALA DELMAS 33
City-St-Zip: PORT-AU-PRINCE, NA 011509 HA

Title: S ( ) Delete
Name: GABRIEL, LYDIE
Address: 3321 OVILA-HAMEL
City-St-Zip: ST HUBERT, QC J 3Y 8P5 CA

Title: S ( ) Delete
Name: BLEMUR, MARQUERITE
Address: 10301 SW 147 CT CIR #4
City-St-Zip: MIAMI, FL 33196 US

Title: T ( ) Delete
Name: MILLIEN, MAX DR
Address: 8 IMPASSE CLA JELMAS 33
City-St-Zip: PORT-AU-PRINCE, NA 011509 HA

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:

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 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: GARY COQUILLO VP 03/28/2009
Electronic Signature of Signing Officer or Director — Date