2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2005
Secretary of State

DOCUMENT# N00000001485

Entity Name: HUMANITY RESOURCE, INC.

Current Principal Place of Business:

3633 SW 14 ST.
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3633 SW 14 ST.
FT. LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 31-1713175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NALLS, JOHN W JR.
3633 S.W. 14TH ST.
FT. LAUDERDALE, FL 33312 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: NALLS, JOHN W JR.
Address: 3633 SW 14TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: S ( ) Delete
Name: NALLS, LOUBERTHA
Address: 3633 SW 14TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: TD ( ) Delete
Name: NALLS, CANDICE Y
Address: 3704 SW 13TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: NALLS, JOHN W 3
Address: 3704 SW 13TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUBERTHA NALLS OFFI 02/20/2005

Electronic Signature of Signing Officer or Director — Date