

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004893

FILED  
Mar 25, 2005  
Secretary of State

Entity Name: GLOBAL HUMANITARIAN AID, INC.

**Current Principal Place of Business:**

16312 ARMSTRONG PLACE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47599  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 59-3725067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN ROOYEN, LEON DR  
PO BOX 47599  
TAMPA, FL 33647 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: CD ( ) Delete  
Name: VAN ROOYEN, LEON  
Address: 16312 ARMSTRONG PLACE  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: VAN ROOYEN, BRIDGETTE  
Address: 16312 ARMSTRONG PLACE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: SMELTHURST, PHILIP  
Address: 8981 LAKE DR, APT 401  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD ( ) Delete  
Name: ENZ, TODD  
Address: 303 E PERSHING RD #335  
City-St-Zip: DECATUR, IL 62526

Title: D ( ) Delete  
Name: SMELTHURST, SHARON  
Address: 8951 LAKE DRIVE, APT 401  
City-St-Zip: CAPE CANAVERAL, FL 32920

**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:

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: LEON VAN ROOYEN

DR

03/25/2005

Electronic Signature of Signing Officer or Director

Date