


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000336	
1. Entity Name HUMANITARIAN ASSISTANCE CORPORATION	

Principal Place of Business 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461	Mailing Address 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0279659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRENSHAW, KENNETH B
3175 SOUTH CONGRESS AVE., STE. 308
PALM SPRINGS, FL 33461

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CRENSHAW, KENNETH B 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WRIGHT, TED 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANDLER, BONNIE 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CRENSHAW, DIANNE 3175 S CONGRESS AVE STE 308 PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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04/23/05-80058-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth B. Crenshaw **4-21-05** **561-439-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #