


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90006 040 \*\*\*\*61.25

<b>DOCUMENT # N02000000336</b>	
1. Entity Name <b>HUMANITARIAN ASSISTANCE CORPORATION</b>	

**60014485**



02092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business <b>1555 PALM BEACH LAKES BLVD</b> Suite, Apt. #, etc. <b>Suite 920</b>		3. Mailing Address <b>1555 PALM BEACH LAKES BLVD</b> Suite, Apt. #, etc. <b>Suite 920</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33401</b>	Country	Zip <b>33401</b>	Country

4. FEI Number <b>02-0279659</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CRENSHAW, KENNETH B</b> <b>3175 SOUTH CONGRESS AVE., STE. 308</b> <b>PALM SPRINGS, FL 33461</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1555 PALM BEACH LAKES BLVD</b> <b>Suite 920</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>	
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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: Kenneth B. Crenshaw 2-9-06  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRENSHAW, KENNETH B 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 PALM BEACH LAKES BLVD STE 920</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, TED 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 PALM BEACH LAKES BLVD, STE 920</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDLER, BONNIE 3175 SOUTH CONGRESS AVE., STE. 308 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 PALM BEACH LAKES BLVD, STE 920</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRENSHAW, DIANNE 3175 S CONGRESS AVE STE 308 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1555 PALM BEACH LAKES BLVD, STE 920</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 2-9-06 561-439-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #