

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # N02000000336</b>					
<b>1. Entity Name</b> HUMANITARIAN ASSISTANCE CORPORATION					
<b>Principal Place of Business</b> 1555 PALM BCH LAKES BLVD STE 920 WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 1555 PALM BCH LAKES BLVD STE 920 WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232006    Chg-NP    CR2E037 (11/05)	
<b>4. FEI Number</b> 02-0279659				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CRENSHAW, KENNETH B 1555 PALM BCH LAKES BLVD STE 920 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> CRENSHAW, KENNETH B <b>STREET ADDRESS</b> 1555 PALM BCH LAKES BLVD, STE 920 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		<b>TITLE</b> D P <b>NAME</b> Crenshaw, Kenneth B <b>STREET ADDRESS</b> 1555 Palm Beach Lakes Blvd., Suite 920 <b>CITY-ST-ZIP</b> West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WRIGHT, TED <b>STREET ADDRESS</b> 1555 PALM BCH LAKES BLVD, STE 920 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D VP Treas <b>NAME</b> Walter Uzategui <b>STREET ADDRESS</b> 1555 Palm Beach Lakes Blvd., Suite 920 <b>CITY-ST-ZIP</b> West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SANDLER, BONNIE <b>STREET ADDRESS</b> 1555 PALM BCH LAKES BLVD, STE 920 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D EVP <b>NAME</b> Sergio Olimpio Ribeiro <b>STREET ADDRESS</b> Avenida Almirante Reis No. 80.2DIO <b>CITY-ST-ZIP</b> Lisboa, Portugal 1150-140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CRENSHAW, DIANNE <b>STREET ADDRESS</b> 1555 PALM BVH LAKES BLVD, STE 920 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D VP S <b>NAME</b> Phillip T. Crenshaw <b>STREET ADDRESS</b> 1555 Palm Beach Lakes Blvd., Suite 920 <b>CITY-ST-ZIP</b> West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Phillip T. Crenshaw</u> <i>VICE PRES</i> <u>2/24/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    (Date)    (Daytime Phone #)</small>					