2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N02000002319

Entity Name: FOUNDATION HOPE FOR HAITI, INC.

Current Principal Place of Business:

14990 BEL AIRE DRIVE SOUTH
PEMBROKE PINES, FL 33027

New Principal Place of Business:

15 NW 11TH AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

P.O. BOX 212673
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 02-0580006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 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: DC ( ) Delete
Name: ROBERTSON, JON DMA
Address: 972 HILGARDE AVE #301
City-St-Zip: LOS ANGELES, CA 90024

Title: DP ( ) Delete
Name: ROBERTSON, FLORENCE B PHD
Address: 14990 BEL AIRE DRIVE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DV ( ) Delete
Name: BAIN, PAULA MSW
Address: 1141 BEL AIRE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DS (X) Delete
Name: KINTAUDI, P.C. MD
Address: 916 ESPLANADE #501
City-St-Zip: REDONDO BEACH, CA 90277

Title: DT ( ) Delete
Name: GORS, MONIQUE L
Address: 12921 MARCELLA BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: ROBERTSON, JON DMA
Address: 8515 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: DP (X) Change ( ) Addition
Name: ROBERTSON, FLORENCE B PHD
Address: 8515 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

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 Chapter 119, 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: MONIQUE L. GORS DT 04/20/2006

Electronic Signature of Signing Officer or Director — Date