

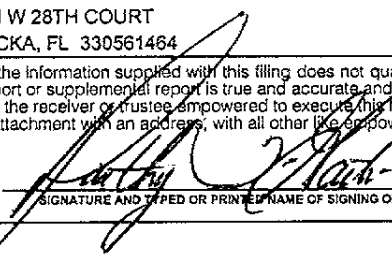


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003679</b>			
1. Entity Name DOROTHY T. GAITOR RESOURCES COMMUNITY DEVELOPMENT CORPORATION			
Principal Place of Business 20810 NW 28TH COURT OPA LOCKA, FL 33056-1464		Mailing Address 20810 NW 28TH COURT OPA LOCKA, FL 33056-1464	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04242006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 02-0595048	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  GAITOR, DOROTHY T 20810 NW 28TH COURT OPA LOCKA, FL 33056-1464		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000537166 05/09/06-80007-009 70.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAITOR, DOROTHY T 20810 NW 28TH COURT OPA LOCKA, FL 330561464		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENBOW, LEON JR 20810 NW 28TH COURT OPA LOCKA, FL 330561464		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCKLEY, MALCOLM H 20810 NW 28TH COURT OPA LOCKA, FL 330561464		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLCOMB, RUFUS L III 20810 NW 28TH COURT OPA LOCKA, FL 330561464		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAITOR, CHAMARA F 20810 NW 28TH COURT OPA LOCKA, FL 330561464		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCKLEY, LEATRICE A 20810 N W 28TH COURT OPALOCKA, FL 330561464		
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: 		4/24/06 786 316 5747	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	