2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 11, 2006 8:00 am Secretary of State DOCUMENT # N02000004644 1. Entity Name ST. PAUL COMMUNITY DEVELOPMENT CORPORATION 05-11-2006 90247 022 ****70.00 Mailing Address Principal Place of Business **3680 THOMAS AVENUE** 3680 THOMAS AVENUE MIAMI, FL 33133 MIAMI, FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E037 (11/05) Applied For City & State 4. FEI Number 27-0020882 City & State Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, JUANITA Street Address (P.O. Box Number is Not Acceptable) 3510 FROW AVENUE MIAMI, FL 33133 Zip Code City 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. oril 27, 2006 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARVIN, JESSIE JR NAME NAME STREET ADDRESS 3680 THOMAS AVENUE STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 ■ Addition ☐ Change ☐ Delete TIT! F TITLE WILLIAMS, BARBARA NAME STREET ADDRESS 3925 WASHINGTON AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33176 ☐ Change Jackson, Barbara Dr. Addition TITLE Delete TITLE CHAPMAN, BENNIE NAME NAME 14553 Siwi 153 Ct 14540 FILLMORE STREET STREET ADDRESS STREET ADDRESS Hiami FL 33133 CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7IP ■ Addition ☐ Delete TITLE ☐ Change TITLE ASD JORDAN, BARBARA NAME NAME STREET ADDRESS **6241 SW 58 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 Jennings, Miles 3471 Oak Avenue Delete □ Change Addition TITLE TITLE TD AUSTIN, PHYLLIS NAME NAME STREET ADDRESS STREET ADDRESS 4820 NW 197 STREET Miami FL 33133 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33055 ☐ Change ☐ Delete TITLE ■ Addition TITLE SMITH, JUANITA NAME NAME STREET ADDRESS 3510 FROW AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133

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:

FILED