2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# N02000005480

Entity Name: REVEILLONS-NOUS/AWAKE FAMILY PROGRAM INC.

Current Principal Place of Business:

11905 W. BISCAYNE CANAL ROAD
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

11905 W. BISCAYNE CANAL ROAD
MIAMI, FL 33161

New Mailing Address:

FEI Number: 05-0525433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILSON, YVANE
11905 W. BISCAYNE CANAL ROAD
MIAMI, FL 33161 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:	PD	( ) Delete
Name:	VILSON, YVANE	
Address:	11905 W. BISCAYNE CANAL ROAD	
City-St-Zip:	MIAMI, FL 33161	
Title:	TD	( ) Delete
Name:	DESROSIERS, ROSELAURE	
Address:	12095 87TH STREET NORTH	
City-St-Zip:	WEST PALM BEACH, FL 33412	
Title:	SD	( ) Delete
Name:	MARIE-JEAN, NANCY	
Address:	7696 WALK PORT CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	VD	( ) Delete
Name:	POLYNICE, GUY	
Address:	11905 W. BISCAYNE CANAL ROAD	
City-St-Zip:	MIAMI, FL 33161	
Title:	SD	( ) Delete
Name:	MATHIAS, NADINE	
Address:	11905 W. BISCAYNE CANAL ROAD	
City-St-Zip:	MIAMI, FL 33161	
Title:	D	( ) Delete
Name:	ISLA, GUY-ALAIN	
Address:	11905 W. BISCAYNE CANAL ROAD	
City-St-Zip:	MIAMI, FL 33161	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	EDITH, SAINTIS	
Address:	11905 W. BISCAYNE CANAL ROAD	
City-St-Zip:	MIAMI, FL 33161	

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: YVANE VILSON PD 03/06/2006

Electronic Signature of Signing Officer or Director — Date