2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007301

Entity Name: GOOD SAMARITANS CLUB INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3915 N HAVERHILL RD 314 SW 2 ND AVENUE BOYTON BEACH, FL 33435 SUITE 122-123 W PALM BEACH, FL 33417 **New Mailing Address: Current Mailing Address:** 3915 N HAVERHILL RD 314 SW 2 ND AVENUE SUITE 122-123 BOYTON BEACH, FL 33435 W PALM BEACH, FL 33417 FEI Number: 13-4213415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALEXANDRE, ROOLDY 6232 FOREST HILL BLVD **APT 108** W PALM BEACH, FL 33415 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOSEPH, YVON Name: Name: 6183 ARCADE COURT Address: Address: City-St-Zip: LANTANA, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition ARIS, KENOL Name: ARIS, KENOL Name: Address: 1453 SW 119TH AVE Address: 8400 N.SHERMAN CIRCLE APT 403 City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIRAMAR, FL 33025 Title: () Delete Title: () Change () Addition ALEXANDRE, CHRISTELLA Name: Name: 998 SW CASCANEDA Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MOISE, GARY Name: 3013 SW 67TH TER Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: ED (X) Change () Addition SYLVIE, SAINVIL SYLVIE, SAINVIL Name: Name: 314 SW 2ND AVE 314 SW 2ND AVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: BOYNTON BEACH, FL 33435 Title: () Delete Title: () Change () Addition ANDRE, JANVIER JEAN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SYLVIE SAINVIL ED 04/30/2005

Name:

Address:

City-St-Zip:

1340 NE 144TH ST

MIAMI, FL 33161