2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009715

Entity Name: RECONSTRUIRE HAITI, INC

FILED Jan 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2984 NW 55 AVE 1910 SW 69 TH AVE

NORTH LAUDERDALE, FL 33068 2 C

LAUDERHILL, FL 33313

New Mailing Address: Current Mailing Address:

2984 NW 55 AVE 1910 SW 69TH AVE

NORTH LAUDERDALE, FL 33068

LAUDERHILL, FL 33313

FEI Number: 48-1290992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PIERICHE, OLICIER PIERICHE, OLICIER PD 2984 NW 55 AVE 1910 SW 69 TH AVE

NORTH LAUDERDALE, FL 33068 US

LAUDERHILL, FL 33313 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: PIERICHE OLICIER 01/15/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1910 SW 69 TH AVE

(X) Change () Addition () Delete

OLICIER, PIERICHE PIERICHE, OLICIER PD Name: Name: 2984 NW 55 AVE 2C Address: 1910 SW 69 TH AVE Address:

City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: () Delete Title: (X) Change () Addition SOUFFRANT, LUSSON

Name: LUSSON, SOUFFRANT TD Name: Address: 2984 NW 55 AVEC 2C Address: 1910 SW 69 TH AVE

City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VPD () Delete Title: **VPD** (X) Change () Addition CALEB, DELIARD DELIARD, CALEB VPD Name: Name:

Address:

2984 NW 55 AVE 2 C Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SD () Delete Title: SD (X) Change () Addition

Name: FABIOLA, CARTIN Name: CARTIN, FABIOLA SD 1910 SW 69 TH AVE Address: 2984 NW 55 AVE 2 C Address:

City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: () Delete Title: () Change (X) Addition

LUC, RONEL SD Name: Name: 1910 SW 69 TH AVE Address: Address:

City-St-Zip: City-St-Zip: NORTH LAUDERDALE, FL 33068

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: PIERICHE OLICIER PD 01/15/2006