


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000065

1. Entity Name
ASSOCIATION DES DIPLOMES DE LA FACULTE DES SCIENCES DE L'UNIVERSITE D'HAITI, INC.



Principal Place of Business Mailing Address

**9047 EASTHAVEN CT.
 NEW PORT RICHEY, FL 34655** **9047 EASTHAVEN CT.
 NEW PORT RICHEY, FL 34655**

DO NOT WRITE IN THIS SPACE



02262006 No Chg-NP CR2E037 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 57-1158303 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FELIX, GUY
 8660 NW 24TH STREET
 SUNRISE, FL 33322**

DO NOT WRITE IN THIS SPACE

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:  3/8/2006
Signature, typed or printed name of registered agent and title if applicable (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. **\$5.00** May Be Added to Fees

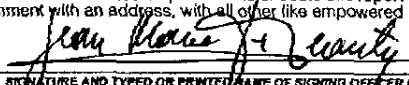
1100000465848
 03/22/06-80052-005 \$1.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEANTY, FRITZ 9074 EASTHAVEN CT. NEW PORT RICHEY, FL 34655 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADRIEN, NICOLAS 16287 NW 15TH STREET PEMBROKE PINES, FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REID, RAYMOND 14213 STURTEVANT ROAD SILVER SPRINGS, MD 20905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIERRE-ANTONIE, CLAUDE 572 KIROUAC QUEBEC, CANADA G1N 2H8, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOURDEAU, IVENS 48 RUE LAURIER #1 DELMAS, HAITI, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DALENCOUR, JOSE 99 RUE GREGOIRE PETION-VILLE, HAITI, |

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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:  **Jean-Marie Fritz Jeanty**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2-26-06 787-372-5724