


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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 9047 EASTHAVEN CT. NEW PORT RICHEY, FL 34655	Mailing Address 9047 EASTHAVEN CT. NEW PORT RICHEY, FL 34655
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04292008 No Chg-NP CR2E037 (4/06)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEANTY, FRITZ 9074 EASTHAVEN CT. NEW PROT 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 GIN 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,

U00000945724
 05/30/08-80020-002 61.25

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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:  **4-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #