2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

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Entity Name: THE HAITI PROJECT, INC.

Current Principal Place of Business:

131-B SABAL COURT
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 207
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 57-1160648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLCOMBE, SHELLY
131-B SABAL COURT
OLDSMAR, FL 34677 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: D ( ) Delete
Name: HOLCOMBE, SHELLY
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: P ( ) Delete
Name: HOLCOMBE, TOM
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: V ( ) Delete
Name: COMER, SHARON
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: S ( ) Delete
Name: EDMISTON, LYNN
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: CRAVER, KATHY
Address: 131-B SABAL CT
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete
Name: HOLCOMBE, THOMAS
Address: 131-B SABAL CT
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOLCOMBE, SHELLY
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: V (X) Change ( ) Addition
Name: EDMISTON, LYNN
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: S (X) Change ( ) Addition
Name: JOHNSON, THOMAS
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: T (X) Change ( ) Addition
Name: HOLCOMBE, THOMAS
Address: 131-B SABAL COURT
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KIRK, ALFONSO
Address: 131-B SABAL CT
City-St-Zip: OLDSMAR, FL 34677

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: THOMAS E HOLCOMBE T 02/13/2006

Electronic Signature of Signing Officer or Director — Date