2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N03000002175

Entity Name: NATIONAL AID FOUNDATION FOR UNPROVIDED CHILDREN, INC.

Current Principal Place of Business:

865 NW 49 AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

865 NW 49 AVENUE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-1178733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EACCOUNTANTSMALL.COM, LLC
2331 NE 5 AVENUE
POMPANO BEACH, FL 33064 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: PD ( ) Delete
Name: OLIVIER, ROSE E
Address: 865 NW 49 AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: VD ( ) Delete
Name: PETIT-FRERE, MARIE J
Address: 9958 RAMBLEWOOD DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete
Name: MARIE ANGE PRISCILLE, JEANNOT
Address: 865 NW 49 AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: TD ( ) Delete
Name: CARRIE, ZELINE
Address: 9958 RAMBLEWOOD DRIVE
City-St-Zip: CORAL SPRINGS, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROSE ESTHER OLIVIER P 04/27/2007

Electronic Signature of Signing Officer or Director — Date