2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N03000004813

Entity Name: HUMANS IN CRISIS INTERNATIONAL CORPORATION

Current Principal Place of Business:

9417 NW 39TH PLACE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9417 NW 39TH PLACE
SUNRISE, FL 33351

New Mailing Address:

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

Name and Address of Current Registered Agent:

GARBHARRAN, HARI P DR.
9417 NW 39TH PLACE
SUNRISE, FL 33351 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: GARBHARRAN, HARI P
Address: 9417 NW 39TH PLACE
City-St-Zip: SUNRISE, FL 33351

Title: VTSD ( ) Delete
Name: GARBHARRAN, HEENA
Address: 9417 NW 39TH PLACE
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: HULL, MANI S
Address: 1207 HOOD DRIVE
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete
Name: SHARMA, ASHOK
Address: 9023 SILVERLAKE DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: O ( ) Change (X) Addition
Name: GOODRICH, JASON
Address: 1500 GREENLAND AVENUE, MTSU
City-St-Zip: MURFREESBORO, TN 37132

Title: O ( ) Change (X) Addition
Name: ZIPFEL, RUTH
Address: 1500 GREENLAND AVENUE, MTSU
City-St-Zip: MURFREESBORO, TN 37132

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: HARI P. GARBHARRAN PD 03/13/2009

Electronic Signature of Signing Officer or Director — Date