2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2007
Secretary of State

DOCUMENT# N03000005668

Entity Name: NOUVEL JOU INC.

Current Principal Place of Business:

5513 ROOSEVELT BLVD
164
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5513 ROOSEVELT BLVD
PMB 164
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-1131394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ETIENNE, JENNY A
5513 ROOSEVELT BLVD
164
JACKSONVILLE, FL 32244 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: DD ( ) Delete
Name: RANDALL, OWENS
Address: 5513 ROOSEVELT BLVD BOX 164
City-St-Zip: JACKSONVILLE, FL 32244

Title: DD ( ) Delete
Name: MAX, VEILLARD
Address: 5513 ROOSEVELT BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: DD ( ) Delete
Name: BOBO, HENRY
Address: 5513 ROOSEVELT BLVD BOX 164
City-St-Zip: JACKSONVILLE, FL 32244

Title: DD ( ) Delete
Name: CHARLES, JEANTILIA
Address: RUE 17 I # 40
City-St-Zip: CAP- HAITIEN, HA HAITI

Title: DD ( ) Delete
Name: AMICIDE, DISMUDE
Address: RUE 17 I # 40
City-St-Zip: CAP HAITIAN, HA HAITI

Title: DD ( ) Delete
Name: ELIRA, ETIENNE
Address: RUE 17 I # 40
City-St-Zip: CAP HAITIAN, HA HAITI

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: ( ) 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: J A ETIENNE CEO 07/14/2007

Electronic Signature of Signing Officer or Director — Date