2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State
09-11-2007 90005 023 ****61.25

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1. Entity Name
HUMAN ADJUVANT DISEASE CORP.

40132028

Principal Place of Business	Mailing Address
808 LINDSEY PLACE LAKE WALES, FL 33853	808 LINDSEY PLACE LAKE WALES, FL 33853

07092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0112368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, PAMELA J M.D. 808 LINDSEY PLACE LAKE WALES, FL 33853	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C JONES, MD, PAMELA 808 LINDSEY PLACE LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC KOLB, SUSAN M.D. 4370 GEORGETOWN SQ ATLANTA, GA 30338	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO YATES, KEVIN D MBA 220 WYANDOTTE ST. LANCASTER, OH 43130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Yates, Kevin D. MBA 818 Medill Avenue Lancaster, Ohio 43130-2768	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO JONES, PAMELA J M.D. 808 LINDSEY PLACE LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC MCFEETERS, LEROY 1207 MEADOWS DR. #24 LAKE CHARLES, LA 70611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC McFeeters, Leroy 107 West 24th Street Winnfield, Louisiana, 71483	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APANTAKU, FRANK M.D. 2222 W. DIVISION ST. CHICAGO, IL 60622	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Pamela J Jones July 10, 2007 863-397-8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #