2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# N03000007693

Entity Name: GOOD SAMARITANS'S ACTION, INC.

Current Principal Place of Business:

135 LAINHART
SUITE 135
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

135 LAINHART CT
SUITE 135
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 20-0215139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NERETTE, HELENE V
135 LAINHART CT
SUITE 135
WEST PALM BEACH, FL 33409 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:	P	( ) Delete
Name:	NERETTE, FRANTZ	
Address:	135 LAINHART CT	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	S	( ) Delete
Name:	LAMY, JASLYNE	
Address:	2150 NW 56TH AVE.	
City-St-Zip:	LAUDERHILL, FL 33313 US	
Title:	ADV	( ) Delete
Name:	KESNEL, EXANTUS	
Address:	314 N.E 4TH STREET	
City-St-Zip:	DELRAY BEACH, FL 33444 US	
Title:	M	( ) Delete
Name:	VANIE, VICTOR	
Address:	89 N.W 109 STREET	
City-St-Zip:	MIAMI, FL 33161 US	
Title:	ADV	( ) Delete
Name:	ROUSSEAU, MONICA	
Address:	1525 NW 167TH STE 300	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	ADV	( ) Delete
Name:	CANTAVE, WINNIE	
Address:	1525 NW 167TH STREET SUITE 300	
City-St-Zip:	MIAMI, FL 33169	

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 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: FRANTZ NERETTE PRES 04/22/2007

Electronic Signature of Signing Officer or Director — Date