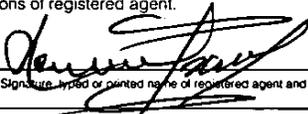


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90077 041 ****71.00

DOCUMENT # N03000010032			
1. Entity Name COMMITTEE DE RELEVEMENT DE BAS-LIMBE, INC.			
Principal Place of Business 1441 NW 29 AVENUE FT LAUDERDALE, FL 33311		Mailing Address 1441 NW 29 AVENUE FT LAUDERDALE, FL 33311	
2. Principal Place of Business <i>1441 NW 29th Ave</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>11</i>	
City & State <i>Fort-Laud, FL</i>		City & State <i>11</i>	
Zip <i>33311</i>	Country <i>Bahama</i>	Zip <i>11</i>	Country <i>Prwoud</i>
4. FEI Number 20-0429576		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EACCOUNTANTSMALL.COM.LLC 2331 NE 5 AVENUE POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name <i>Committee de Relevement Bas-Limbe, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>1441 NW 29th Ave</i> <i>(Fort-Laud)</i> City <i>Fort-Laud</i> FL Zip Code <i>33311</i>	
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 		DATE <i>8/14/06</i>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FELIX, NORVILIEN 460 NW 46 AVE PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOMPRIER, AUGUSTIN 520 SW 24 AVE FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERRE, JACQUELIN 810 SW 63 TERRACE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRE, JEAN R 3713 SW 14 ST FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHEL; WILFRID 1324 NW 2 AVE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCO DAGOBERT, RODIRGUE 4801 NE 6 ST PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 		Date _____ Daytime Phone # _____	