2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N04000001244

Entity Name: ASSOCIATION POUR LE DEVELOPMENT DE LA COLLINE D'AQUIN INC.

Current Principal Place of Business:

4796 CONCORDIA LN
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4796 CONCORDIA LN
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 35-2229320 **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:

METELLUS, RACHEL G VICE PR
7704 SW 7TH PL
NORTH LAUDERDALE, FL 33068 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: LABADY, MACKENZIE PRES.
Address: 408 NW 68 AVE #305
City-St-Zip: PLANTATION, FL 33317

Title: V ( ) Delete
Name: METELLUS, RACHEL G VICE PR
Address: 7704 SW 7 PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S ( ) Delete
Name: HERMILUS, MICHELINE SEC.
Address: 4796 CONCORDIA LN
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete
Name: PRESSA, CLAUDETTE ADVISOR
Address: 15900 NE 2ND AVE
City-St-Zip: MIAMI, FL 33162

Title: T ( ) Delete
Name: PROSPER, ANDERSON TREAS.
Address: 3652 NW 20 AVE
City-St-Zip: MIAMI, FL 33142

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:

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: MICHELINE HERMILUS S 05/05/2008

Electronic Signature of Signing Officer or Director — Date