


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90440 011 ****61.25

DOCUMENT # N04000001738	
1. Entity Name LALIBELA FOUNDATION INC.	

Principal Place of Business 10282 BOCA ENTRADA BLVD SUITE 120 BOCA RATON, FL 33428	Mailing Address 10282 BOCA ENTRADA BLVD SUITE 120 BOCA RATON, FL 33428
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2. Principal Place of Business <i>Same As Above</i>	3. Mailing Address <i>Same As Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

City & State	City & State
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LAWRENCE, VELONA 2552 NW 138TH STREET OPA LOCKA, FL 33054	

7. Name and Address of New Registered Agent	
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 <i>Velona Lawrence</i>	DATE <i>4/28/2005</i>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> Delete
NAME	LAWRENCE, NORMAN
STREET ADDRESS	10282 BOCA ENTRADA BLVD SUITE 120
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D <input type="checkbox"/> Delete
NAME	MARSHALL, YVETTE
STREET ADDRESS	10282 BOCA ENTRADA BLVD SUITE 120
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D <input type="checkbox"/> Delete
NAME	LAWRENCE, VELONA
STREET ADDRESS	PO BOX 54-1095
CITY-ST-ZIP	OPA-LOCKA, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marshall, Yvette
STREET ADDRESS	10282 Boca Entrada Blvd Ste 120
CITY-ST-ZIP	Boca Raton, Florida 33428
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Velona Lawrence</i>	DATE: <i>4/28/2005</i>	DAYTIME PHONE #: <i>305-769-9244</i>
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		