2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004316

Entity Name: HAITIANS FOR A BETTER SOCIETY INC.

FILED Mar 27, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE TAMPA, FL 33620

Current Mailing Address: New Mailing Address:

UNIVERSITY OF SOUTH FLORIDA 4202 EAST FOWLER AVENUE USF 30646 TAMPA, FL 33620

FEI Number: 73-1710143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORFEUILLE, RONALD 1310 N. 20TH STREET APT, 12 TAMPA, FL 336123760 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete LAMARRE, OBED Name: Address: 6920 CASTLE DRIVE #E City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Delete Name: VERNET, JHIEMS Address: 13645 GRASTON DR. City-St-Zip: TAMPA, FL 33613

Title: () Delete SOUFFRANT, FRANTZ Name: 12701 N 50TH STREET #1 Address: City-St-Zip: TAMPA, FL 33617

(X) Change () Addition DORFEULLE, RONALD PRESIDE Name: Address: 13130 N 20 TH STREET APT 12 TAMPA, FL 33612

City-St-Zip:

Title: (X) Change () Addition SOUFFRANT, FRANTZY DIRECTO Name: Address: 12701 N 50TH STREET #1

City-St-Zip: TAMPA, FL 33617

Title: (X) Change () Addition ELVEUS, JODES DIRECTO Name: 12707 FRENCH QUARTER PLACE Address:

City-St-Zip: TAMPA, FL 33612

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: RONALD DORFEUILLE PRES.

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03/27/2006