2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N04000005153

Entity Name: AYITI GOUVENANS, INC.

Current Principal Place of Business:

755 ARUNDEL CIR
FT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

755 ARUNDEL CIR
FT MYERS, FL 33913

New Mailing Address:

FEI Number: 34-2010289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLTAIRE, JACKSON
755 ARUNDEL CIR
FT MYERS, FL 33913 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: VOLTAIRE, JACKSON
Address: 755 ARUNDEL CIR
City-St-Zip: FT MYERS, FL 33913

Title: V ( ) Delete
Name: JOSEPH, WILLOT
Address: 10701 NW 28 PL
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete
Name: BEAURA, ETZER
Address: 19 IMPASSE GODEFROY
City-St-Zip: PORT-AV-PRINCE HAITI, DELLIAS 3

Title: D ( ) Delete
Name: GREGORY, CHARLES
Address: 19IMPASSE GODEFROY
City-St-Zip: PRT-ALL PRINCE HAITI, DELTIAS 3

Title: M ( ) Delete
Name: OCTAVIUS, SAINCLAIR
Address: 19 IMPASSEE GODEFRDY
City-St-Zip: PORT-ALL-PRINCE, HAITI, DELITAS 3

Title: M ( ) Delete
Name: ETHÉART, JEAN-CLAUDE
Address: 755 ARUNDEL CIRCLE
City-St-Zip: FORT MYERS, FL 33913

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 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: JACKSON VOLTAIRE PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date