

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005328

FILED
Apr 25, 2006
Secretary of State

Entity Name: CONSORTIUM FOR THE ADVANCEMENT OF HAITI, INC.

Current Principal Place of Business:

2109 E PALM AVE SUITE 204
TAMPA, FL 33605

New Principal Place of Business:

4850 SUGARLOAF PKWY
SUITE 209, BOX#215
LAWRENCEVILLE, GA 30044

Current Mailing Address:

2109 E PALM AVE SUITE 204
TAMPA, FL 33605

New Mailing Address:

P.O. BOX 464534
LAWRENCEVILLE, GA 30044

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: PHILOGENE, STEPHANE
Address: 2109 E PALM AVE SUITE 204
City-St-Zip: TAMPA, FL 33605

Title: VD () Delete
Name: GUILLAUME, NADINE
Address: 2109 E PALM AVE SUITE 204
City-St-Zip: TAMPA, FL 33605

Title: VTD () Delete
Name: NUMA, HANDY H
Address: 2109 E PALM AVE SUITE 204
City-St-Zip: TAMPA, FL 33605

Title: SD () Delete
Name: JEAN-LOUIS, CLAIRE
Address: 2109 E PALM AVE SUITE 204
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILOGENE, STEPHANE
Address: 4850 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: VD (X) Change () Addition
Name: GUILLAUME, NADINE
Address: 4850 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: VTD (X) Change () Addition
Name: GUILLAUME, NADINE
Address: 4850 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, FL 30044

Title: SD (X) Change () Addition
Name: JEAN-LOUIS, CLAIRE
Address: 4850 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 30044

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: NADINE GUILLAUME

VD

04/25/2006

Electronic Signature of Signing Officer or Director

Date