

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005328

FILED
Jan 05, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 464534
LAWRENCEVILLE, GA 30044

New Mailing Address:

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: 4850 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 30044

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

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

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

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:

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

VTD

01/05/2007

Electronic Signature of Signing Officer or Director

Date