2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000006120

RT FILED

May 07, 2008
Secretary of State

Entity Name: WORLD ORGANIZATION SOCIAL BETTERMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 817 BELVEDERE RD WEST PALM BEACH, FL 33405 **Current Mailing Address: New Mailing Address:** P.O. BOX 530118 LAKE PARK, FL 33403 FEI Number: 74-3124976 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: VALENTIN, C. LUSTRA 817 BELVEDRE RD WEST PALM BEACH, FL 33405 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 (X) Change () Addition LUSTRA, VALENTIN SUZE, LANDE Name: Name: 1545 LAKE CRYSTAL DR APT A Address: 657 SW 9TH STREET Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: BELLE GLADE, FL 33430 Title: () Delete Title: () Change () Addition JOSEPH, TOUSSAINT Name: Name: Address: 817 BELVEDERE RD Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: () Delete Title: () Change () Addition AUGUSTE, ONIPE Name: Name: Address: 817 BELVEDERE RD. Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DUCASSE, DOR Name: DUCASSE, SONY D Address: 709 7TH LANE Address: 709 7TH LANE City-St-Zip: GREENACRES, FL 33463 City-St-Zip: GREENACRES, FL 33463 Title: () Delete Title: () Change () Addition CAZEAU, EDSON Name: Name: 1545 LAKE CRYSTAL DR APT A Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: () Change () Addition CARL. H RENE Name: Name: Address: 818 BELVEDERE RD Address: WEST PALM BEACH, FL 33405 City-St-Zip: 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: VALENTIN C LUSTRA D 05/07/2008