2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# N04000007959

Entity Name: DESTROY AIDS NOW GET EDUCATED RIGHT, INC.

Current Principal Place of Business:

135 NORTHWEST 11TH STREET
SOUTH BAY, FL 33493

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1465
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CORETHA
548 SW 5TH STREET
BELLE GLADE, FL 33430 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: EDIEMIONG, SUNDAY
Address: 205 SOUTHWEST AVENUE B
City-St-Zip: BELLE GLADE, FL 33430

Title: SD ( ) Delete
Name: BOATWRIGHT, DELORES
Address: 504 5TH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD ( ) Delete
Name: BATTLE, MARGARITA
Address: 137 N.E. 3RD STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: MAYS, CEDRIC
Address: 515 14TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: HARVEY, PAMELA
Address: 290 NORTHWEST 11TH AVENUE
City-St-Zip: SOUTH BAY, FL 33493

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:

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: PAMELA HARVEY MS 05/04/2007
Electronic Signature of Signing Officer or Director — Date