2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009498

FILED Jan 04, 2005 Secretary of State

Entity Name: HUMANITARIAN AID NEEDED FOR DIGNITY AND SUPPORT, INC.

Current Principal Place of Business: New Principal Place of Business:

1506 WISE AVE ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

1506 WISE AVE ORLANDO, FL 32806

FEI Number: 20-1806304 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:

PELIKAN, JONATHAN 1506 WISE AVE

ORLANDO, FL 32806 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:

 Title:
 P () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 PELIKAN, JONATHAN
 Name:
 PELIKAN, JONATHAN

 Address:
 1506 WISE AVE
 Address:
 1506 WISE AVE

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32806

Title: S () Delete Title: SEC (X) Change () Addition Name: PATTERSON, PETER Name: PATTERSON, PETER Address: 1506 WISE AVE Address: 1506 WISE AVE

Address: 1506 WISE AVE Address: 1506 WISE AVE

City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32806

Title: V () Delete Title: VP (X) Change () Addition Name: HUDSON, LILLIAN Name: HUDSON, LILLIAN

 Address:
 5301 HANSEL AVE
 Address:
 5301 HANSEL AVE

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32809

Title: T () Delete Title: TREA (X) Change () Addition

Name: RITTER, CINDI Name: RITTER, CINDI

Address: 1155 LAKE ROGERS CIRCLE Address: 1155 LAKE ROGERS CIRCLE

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONATHAN N PELIKAN PRES 01/04/2005