2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2007
Secretary of State

DOCUMENT# N04000009498

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

Current Principal Place of Business:

1506 WISE AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1506 WISE AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-1806304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

PELIKAN, JONATHAN
1506 WISE AVE
ORLANDO, FL 32806 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: PRES ( ) Delete
Name: PELIKAN, JONATHAN
Address: 1506 WISE AVE
City-St-Zip: ORLANDO, FL 32806

Title: SEC ( ) Delete
Name: PATTERSON, PETER
Address: 1506 WISE AVE
City-St-Zip: ORLANDO, FL 32806

Title: VP ( ) Delete
Name: HUDSON, LILLIAN
Address: 5301 HANSEL AVE
City-St-Zip: ORLANDO, FL 32809

Title: TREA ( ) Delete
Name: RITTER, CINDI
Address: 1155 LAKE ROGERS CIRCLE
City-St-Zip: OVIEDO, FL 32765

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 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: JONATHAN PELIKAN PRES 08/19/2007
Electronic Signature of Signing Officer or Director — Date