2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

THE STATE OF THE S DOCLUMENT # N05000001302

FILED Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90081 040 ****61.25

Pincipal Place of Business 2670 NR 215 STREET MAMIL FL 33180 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address 4. FEI Number 7. Name and Address of Now Registered Agent Name 8. Certificate of Suita Business of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent Name 1. Name and Address of Now Registered Agent 1. Name and Address	1. Entity Name COMMITTEE TO INCORPORATE NORTHEAST DADE, INC.								2 27 2000 90001		.20	
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Street Address (P.O. Box Number is Not Acceptable)	LIEGUE A	LAND				Na	Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, need or printed name of registered agent and die il applicable. POTE Registered Agent agraphered Agen	2670 NE 215 STREET					Sti	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, however primed name of registered agent and title if applicable. (NOTE: Registered Agent algorator required when refricating) DATE FITING Foe is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE NAME SIREET ADDRESS OTY: \$1.20 Delete INTE TO ADDITIONATIONATIONATION ADDITIONATIONATIONATION ADDITIONATIONATIONATION ADDITIONATIONATIONATION ADDITIONATIONATIONATIONATIONATIONATIONATION					- Oi					17:- 0-4		
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CHICAGO OR DIRECTOR