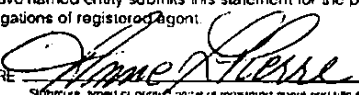
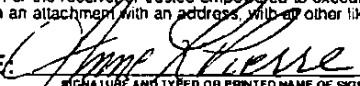


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90031 022 ****61.25

DOCUMENT # -N05000002411					
1. Entity Name HAITIAN FOUNDATION FOR CHILDREN & FAMILIES, INC.					
Principal Place of Business 563 DAVIS ROAD DELRAY BEACH FL 33445			Mailing Address 563 DAVIS ROAD DELRAY BEACH FL 33445		
2. Principal Place of Business - No P.O. Box # USA			3. Mailing Address 563 Davis Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Delray Beach		City & State FL 33445		4. FEI Number AP-PLIED FOR	
Zip 33445		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERRE, ANNE L. 563 DAVIS ROAD DELRAY BEACH FL 33445				7. Name and Address of New Registered Agent Name Anne L. Pierre Street Address (P.O. Box Number is Not Acceptable) 1852 S. E. Carvalho Street City Port St Lucie FL Zip Code 34983	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  1/25/07 Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when new/transfer)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
1111 NAME STREET ADDRESS CITY- ST- ZIP	DP PIERRE, ANNE L. 563 DAVIS ROAD DELRAY BEACH FL 33445	☐ Delete	1111 NAME STREET ADDRESS CITY- ST- ZIP	1852 Carvalho Street Port St Lucie FL 34983	☐ Change ☐ Addition
1111 NAME STREET ADDRESS CITY- ST- ZIP	ADVP ALCINDOR, PRUDENT 1050 AUBURN CIRCLE S., APT. C DELRAY BEACH FL 33444	☐ Delete	1111 NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
1111 NAME STREET ADDRESS CITY- ST- ZIP	DT ST. PIERRE, MARIE 563 DAVIS ROAD DELRAY BEACH FL 33445	☐ Delete	1111 NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
1111 NAME STREET ADDRESS CITY- ST- ZIP	DS PIERRE, MARTIN 563 DAVIS ROAD DELRAY BEACH FL 33445	☐ Delete	1111 NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
1111 NAME STREET ADDRESS CITY- ST- ZIP	D FRANCOIS, DARDELLE T. 9873 LAWRENCE RD. BOYNTON BEACH FL 33436	☐ Delete	1111 NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
1111 NAME STREET ADDRESS CITY- ST- ZIP	DVP RODRIGUEZ G., GUERLINE 1882 S.W. MONTERREY LANE PORT ST. LUCIE FL 34953	☐ Delete	1111 NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 an other like empowered.					
SIGNATURE  1/25/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr					