2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008270

FILED Mar 22, 2006 Secretary of State

Entity Name: UDONIS HASLEM CHILDREN'S FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6637 BOXWOOD DR. MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 6637 BOXWOOD DR MIRAMAR, FL 33023 FEI Number: 20-3303133 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: WOOTEN, BARBARA 6637 BOXWOOD DR. MIRAMAR, FL 33023 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: (X) Change () Addition () Delete HASLEM, UDONIS HASLEM, UDONIS Name: Name: 6637 BOXWOOD DR. Address: 20810 WEST DIXIE HIGHWAY Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: NORTH MIAMI BEACH, FL 33180 US Title: () Delete Title: (X) Change () Addition LEVIEN, JASON M Name: HENDERSON, KAREN Name: Address: 1221 BRICKELL AVE Address: 7637 HARBOUR BLVD City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIRAMAR, FL 33023 US Title: () Delete Title: (X) Change () Addition WOOTEN, BARBARA WOOTEN, BARBARA Name: Name: 6637 BOXWOOD DR. Address: Address: 6637 BOXWOOD DR. City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: () Change (X) Addition NEWSOM, JACQUELINE Name: Name: Address: Address: 20810 WEST DIXIE HIGHWAY City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33180 US Title: () Delete Title: () Change (X) Addition LAWTON, BERNICE Name: Name: 1860 NW 170TH STREET Address: Address: OPA LOCKA, FL 33056 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition JOHNSON, CAROLYN Name: Name: Address: Address: 1778 NW 74 TERR MIAMI, FL 33147 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA WOOTEN **PRES** 03/22/2006