2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # N05000010492 04-26-2006 90229 013 ****61.25 HAITISBABIES, ORG, INC. Mailing Address Principal Place of Business 1450 16TH COURT SW 1450 16TH COURT SW 50016714 VERO BEACH, FL 32962 VERO BEACH, FL 32962 2. Principal Place of Business 3. Mailing Address 20. Bo 966 Suite, Apt. #, etc. Suite, Apt. #, etc. 04022006 Chq-NP CR2E037 (11/05) Applied For 4. FEI Number Not Applicable ountry ISA \$8.75 Additional 5. Certificate of Status Desired П 961 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGAL ZOOM NEVADA, INC. 44 W FLAGLER ST SUITE 675 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33130 City Zip Code Fl 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 Signature, typed or printed parce of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D.P.T TITLE ☐ Delete TITLE kins-Baird Rebecca PLOURDE, BEVERLY NAME NAME Place S.W. 18 th 1450 16TH COURT SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP 32962 ☐ Delete TITLE ☐ Change ■ Addition TITLE lourde, Christop NAME NAME 450 16th STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition ☐ Change TITLE TITLE James Patrick Greenstein 118 Stony NAME NAME 5.W. 32962 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sebaatiah Delete TITLE Change ☐ Addition TITLE Greenstein, Elaine 118 Stony Point Drive NAME NAME STREET ADDRESS STREET ADDRESS Sebastian Fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attactiment with an address, with all other like empowered.

FILED

Plourde 4-21-06 (772) 633-57