

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011452

FILED
Mar 30, 2007
Secretary of State

Entity Name: GREEN ISLAND HIGH ALUMNI NORTH AMERICAN INC.

Current Principal Place of Business:

20418 NW 33RD AVE
OPA LOCKA, FL 33056

New Principal Place of Business:

9380 NW 39 COURT
SUNRISE, FL 33351

Current Mailing Address:

20418 NW 33RD AVE
OPA LOCKA, FL 33056

New Mailing Address:

9380 NW 39 COURT
SUNRISE, FL 33351

FEI Number: 54-2187904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, CARLTON E
20418 NW 33RD AVE
OPA LOCKA, FL 33056 US

Name and Address of New Registered Agent:

EDGTON, WRIGHT A P
9380 NW 39 COURT
SUNRISE, FL 33351 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: EDGTON A WRIGHT

03/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTER, CARLTON
Address: 20418 NW 33RD AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: VP () Delete
Name: WRIGHT, EDGTON
Address: 9380 NW 39 COURT
City-St-Zip: SUNRISE, FL 33351

Title: DIR. () Delete
Name: LEWIN, ERNIE
Address: 3424 STUDESTILL RD.
City-St-Zip: VALDOSTA, GA 31602

Title: DIR. () Delete
Name: ECCLES, SHEROLINE
Address: 1875 NW 190 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DIR. () Delete
Name: HAMILTON, ADDAN
Address: 4 OAKLEA BLVD.
City-St-Zip: BRAMPTON ONTARIO, OT L6Y 4G7 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FOSTER, CARLTON
Address: 20418 NW 33RD AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: P (X) Change () Addition
Name: WRIGHT, EDGTON
Address: 9380 NW 39 COURT
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ECCLES, SHEROLINE
Address: 1875 NW 190 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: () Change () Addition
Name:
Address:
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: EDGTON A WRIGHT

P

03/30/2007

Electronic Signature of Signing Officer or Director

Date