2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000012079

Entity Name: MOVEMENT ORGANIZATION RIV ARTIBONITIEN, INC.

Current Principal Place of Business:

6455 RED PINE LANE
GREENACRES, FL 33415

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6211
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 20-3947964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARICE, SADRACK
6455 RED PINE LANE
GREENACRES, FL 33415 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: VARICE, SADRACK
Address: 6455 RED PINE LANE
City-St-Zip: GREENACRES, FL 33415

Title: VD ( ) Delete
Name: LUCIEN, CADET
Address: 29 SOUTH D ST., APT. 3
City-St-Zip: LAKE WORTH, FL 33460

Title: TD ( ) Delete
Name: FORTINEL, ADISSON
Address: 307 SOUTH D. ST.
City-St-Zip: MIAMI, FL 33460

Title: SD ( ) Delete
Name: VALCIN, WEBSTER
Address: 3326 ROBERT LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: CD ( ) Delete
Name: VERTI, FRITZ
Address: 3340 SIERRO DR. LANE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SADRACK VARICE PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date