2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N06000001128

Entity Name: HAITI NEEDS MY HELP, INC.

Current Principal Place of Business:

1131 ALABAMA AVE
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1131 ALABAMA AVE
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 87-0762378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYPPOLITE, FRANCINOR
1131 ALABAMA AVE
FT LAUDERDALE, FL 33312 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: HYPPOLITE, FRANCINOR
Address: 1131 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VPD ( ) Delete
Name: PIERE, JEAN-CLAUDE
Address: 1131 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: TD ( ) Delete
Name: LEVASSEUR, ESTHER
Address: 1131 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: ASD ( ) Delete
Name: HYPPOLITE, EZECHIEL
Address: 1131 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: SD ( ) Delete
Name: JEAN-MARY, MANICIA
Address: 1131 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

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: SD (X) Change ( ) Addition
Name: PAUL, LORIMAIRE
Address: 1131 ALABAMA AVE
City-St-Zip: FT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify 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: FRANCINOR HYPPOLITE P/D 04/20/2009

Electronic Signature of Signing Officer or Director — Date