

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006293

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: HAITI COMFORT, INC.

**Current Principal Place of Business:**

2209-E LARK CIRCLE EAST  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 384  
EDISTO ISLAND, SC 29438

**New Mailing Address:**

% LYNX AIR INTERNATIONAL PMB  
PO BOX 407139  
FT LAUDERDALE, FL 33340

FEI Number: 20-4540466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD,  
SUITE 101  
TALLAHASSEE, FL 323012960 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: DT  
Name: COMFORT, TRISHA  
Address: % LYNX AIR INTERNATIONAL PMB, PO BOX 40713  
City-St-Zip: FT LAUDERDALE, FL 333407139 US

Title: P  
Name: COMFORT, RAY  
Address: 6950 NW 51 ST # 352  
City-St-Zip: MIAMI, FL 33166 US

Title: VP  
Name: PERRYMAN, TONYA  
Address: PO BOX 384  
City-St-Zip: EDISTO ISLAND, SC 29438 US

Title: S  
Name: FISK, JUDY  
Address: 874 CLAUSSEN HOUSE RD.  
City-St-Zip: EDISTO ISLAND, SC 29438 US

I hereby 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 all other like empowered.

SIGNATURE: TRISHA COMFORT

D

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date