

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007671

FILED  
Jul 26, 2007  
Secretary of State

**Entity Name:** THE CELESTIAL HUMANITARIAN FOUNDATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

240 PONTE VEDRA PARK DRIVE, SUITE 150  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

240 PONTE VEDRA PARK DRIVE, SUITE 150  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

REZNICSEK, FRASER & HASTINGS, P.A.  
240 PONTE VEDRA PARK DRIVE, SUITE 150  
PONTE VEDRA BEACH, FL 32082 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABASSA, KODJO P DVM PHD  
Address: 11609 BRIGIT COURT  
City-St-Zip: BOWIE, MD 20720

Title: D ( ) Delete  
Name: SHAH, HAZRAT DR  
Address: P.O. BOX 605  
City-St-Zip: NEW YORK, NY 10163

Title: D ( ) Delete  
Name: IVEY, MILDRED  
Address: 9826 SE COUNTY ROAD 2082  
City-St-Zip: GAINESVILLE, FL 32641

Title: D ( ) Delete  
Name: MERCECA, CHARLES DR  
Address: P O BOX 605  
City-St-Zip: NEW YORK, NY 10163

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SHAH, HAZRAT  
Address: P.O. BOX 605  
City-St-Zip: NEW YORK, NY 10163

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 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: KODJO P ABASSA DVM PHD

D

07/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date