

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012924

FILED
Apr 28, 2009
Secretary of State

Entity Name: INEEC. INITIATIVE POUR L'EDUCATION ET LA CULTURE AUX CAYES INC.

Current Principal Place of Business:

C/O R+M 10300 SW 72 STREET, SUITE 460
MIAMI, FL 33173

New Principal Place of Business:

C/O R+M 10300 SW 72 STREET,
460
MIAMI, FL 33173

Current Mailing Address:

C/O R+M 10300 SW 72 STREET, SUITE 460
MIAMI, FL 33173

New Mailing Address:

C/O R+M 10300 SW 72 STREET,
460
MIAMI, FL 33173

FEI Number: 20-8149160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERAUX, REYNOLD
10300 SW 72 STREET, SUITE 460
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

HERAUX, REYNOLD
10300 SW 72 STREET
SUITE 460
MIAMI, FL 33173 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAINT-DIC, EDELYNE G
Address: 8144 SW 1152 PLACE
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: MARCELIN, MAY ELLEN
Address: 8144 SW 1152 PLACE
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: ROUSSEAU, CLAUDE
Address: 8144 SW 1152 PLACE
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: GODEFROY, JEAN ROBERT
Address: 8144 SW 1152 PLACE
City-St-Zip: MIAMI, FL 33193

Title: V () Delete
Name: CASTEL, CHARLES
Address: 8144 SW 1152 PLACE
City-St-Zip: MIAMI, FL 33193

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 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: EDELYNE SAINT-DIC

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date