2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005785

Entity Name: C.H.A.N.G.E. CHARITY, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

570 NE 150 ST STE #2 MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

PO BOX 640052 MIAMI, FL 33164

FEI Number: 26-0498839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MICHEL, WISLINE 570 NE 150 ST STE #2 MIAMI, FL 33161

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WILFRID, FLUERIE WISLINE, MICHEL Name: Name: Address: 225 RONNIE CIRCLE Address: PO BOX 640052 City-St-Zip: ORLANDO, FL 32811 City-St-Zip: MIAMI, FL 33164

Title: DIR () Delete Title: DIR (X) Change () Addition

MARLENE, ST LOUIS Name: Name: WISLINE, MICHEL Address: 226 RONNIE CIRCLE Address: PO BOX 640052 City-St-Zip: MIAMI, FL 32811 City-St-Zip: MIAMI, FL 33164

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: WISLINE MICHEL **OFFI** 02/11/2009