2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000007827

Entity Name: DREAM TEAM FOR A NEW HAITI, INC

Current Principal Place of Business:

ENSANCHE OZAMA PRESIDENTE VASQUEZ 69
SANTO DOMINGO, DR OC OC

New Principal Place of Business:

Current Mailing Address:

ENSANCHE OZAMA PRESIDENTE VASQUEZ 69
SANTO DOMINGO, DR OC OC

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BACZEWSKI, CHRIS A
880 NW 1ST AVE
BOCA RATON, FL 33432 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: P ( ) Delete
Name: DIEUDONNÉ, SYLVIO
Address: ENSANCHE OZAMA PRESIDENTE VASQUEZ 69
City-St-Zip: SANTO DOMINGO, DR OC OC

Title: VP ( ) Delete
Name: DIEUDONNÉ, SADRAC
Address: AVENUE LAVICTOIRE 10
City-St-Zip: GONAIVES, HT OC OC

Title: SEC ( ) Delete
Name: DÉSIR, HAROLD
Address: ALMA ROSA CLUB DE LEONES 216
City-St-Zip: SANTO DOMINGO, DR OC OC

Title: TR ( ) Delete
Name: LIMOSE, DANIEL
Address: AVENUE MANASSÉ 17
City-St-Zip: GONAIVES, HT OC OC

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:

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: CHRIS BACZEWSKI RA 04/22/2009
Electronic Signature of Signing Officer or Director — Date