2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011212

Entity Name: HAITI'S NEEDS FOUNDATION, INC.

FILED Mar 13, 2011 Secretary of State

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

213 AIRPORT RD. 213 AIRPORT RD.

NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

P.O. BOX 10759 P.O. BOX 10759

NAPLES, FL 341010759 NAPLES, FL 341010759 US

FEI Number: 27-3977706 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:

MATHURIN, JUDE 5317 HARDEE STREET NAPLES, FL 34113 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: VP

Name: MATHURIN, JUDE
Address: 5317 HARDEE STREET
City-St-Zip: NAPLES, FL 34113 US

Title: P

Name: HARRINGTON, CATHERINE M M.D.

Address: 775 FIRST AVENUE N City-St-Zip: NAPLES, FL 34102 US

Title: D

Name: BOISROND, JEAN MARIE
Address: 80 DILLER AVENUE #2
City-St-Zip: NEW HOLLAND, PA 17557 US

Title: C

Name: RAMSEY, KELLY A Address: 11145 TAMIAMI TRAIL EAST

City-St-Zip: NAPLES, FL 34113 US

Title:

Name: FRALICK, DAVID

Address: 12693 EAST TAMIAMI TRAIL #236

City-St-Zip: NAPLES, FL 34113 US

Title: C

Name: SEALFON, PEGGY

Address: 8805 TAMIAMI TRAIL N. #130 City-St-Zip: NAPLES, FL 34108 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: JUDE MATHURIN VPRA 03/13/2011