

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26897

FILED  
Sep 12, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL HUMANITY HEALTH SERVICES, INC.

**Current Principal Place of Business:**

5609 NW 7TH AVE  
SUITE 2  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 381945  
MIAMI, FL 33138 US

**New Mailing Address:**

5609 NW 7TH AVENUE  
SUITE 2  
MIAMI, FL 33138 US

**FEI Number:** 65-0078369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

AKPAETI, IMO IDIKPOI  
14871 N.E. 14 AVE.  
NORTH MIAMI, FL 33161 US

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

AKPAETI, IMO IDIKPOI  
5609 NW 7TH AVENUE  
SUITE 2  
MIAMI, FL 33127 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: IMO IDIKPOI AKPAETI

09/12/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AKPAET, IMO IDIKPOI  
Address: 14871 NE 14 AVE  
City-St-Zip: N MIAMI, FL

Title: D ( ) Delete  
Name: BLACKWOOD, FAITH,  
Address: 14871 NE 14 AVE  
City-St-Zip: NORTH MIAMI, FL

Title: D ( ) Delete  
Name: WANDO, MOHAMAD  
Address: 14871 NE 14 AVE.  
City-St-Zip: MIAMI, FL 33161

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

Title: D (X) Change ( ) Addition  
Name: AKPAETI, IMO IDIKPOI  
Address: 5609 NW 7TH AVENUE, #2  
City-St-Zip: MIAMI, FL 33127 US

Title: D (X) Change ( ) Addition  
Name: BLACKWOOD, FAITH,  
Address: 5609 NW 7TH AVENUE, #2  
City-St-Zip: MIAMI, FL 33127 US

Title: D (X) Change ( ) Addition  
Name: WANDO, MOHAMAD  
Address: 5609 NW 7TH AVENUE, #2  
City-St-Zip: MIAMI, FL 33127 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: IMO IDIKPOI AKPAETI

D

09/12/2005

Electronic Signature of Signing Officer or Director

Date