
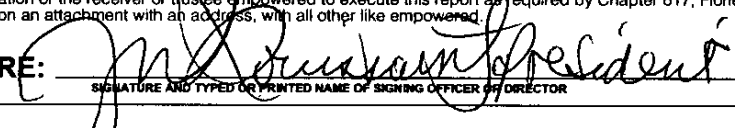


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 029 ****70.00

DOCUMENT # N37697 1. Entity Name NEW HOPE HAITIAN-AMERICAN DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 380 NW 93 STREET MIAMI, FL 33150			Mailing Address 380 NW 93 STREET MIAMI, FL 33150		
2. Principal Place of Business 1085 NE 128 Street Suite, Apt. #, etc.		3. Mailing Address 1085 NE 128 Street Suite, Apt. #, etc.			
City & State N. Miami, FL Zip 33161		City & State N. Miami, FL Zip 33161		4. FEI Number 65-0184608	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUISSAINT, JEAN L. 380 NW 93 STREET MIAMI, FL 33150				7. Name and Address of New Registered Agent Name Louissaint, Jean L. Street Address (P.O. Box Number is Not Acceptable) 1085 NE 128 Street City N. Miami FL Zip Code 33161	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUISSAINT, JEAN L. 380 NW 93 STREET MIAMI, FL 33150	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUGUSTIN, SUZE F 11750 N.E. 1ST AVENUE MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAPTISTE, JEANNETTE J 1425 NE 137 STREET MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, GABAUD 340 NE 125 STREET N MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUISSAINT, MARY 380 NW 93 STREET MIAMI, FL 33150	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEDRO, DESIRAL 17300 NW 9TH PLACE MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Louissaint, Jean L. 1085 NE 128 street N. Miami, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Louissaint, Mary 1085 NE 128 Street N. Miami, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Louissaint, Mary 1085 NE 128 Street N. Miami, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/11/06 305-981-4829 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					