2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47311

Apr 11, 2007 Secretary of State

Entity Name: HAITI VISION INC.

Current Principal Place of Business: New Principal Place of Business: 1506 BROADWAY RIVIERA BEACH, FL 33404 US **New Mailing Address: Current Mailing Address:** 1506 BROADWAY RIVIERA BEACH, FL 33404 US FEI Number: 65-0318679 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: SUDRE, DANIEL SUDRE, DANIEL 3883 HIAWATHA AVE #3 4681 CHERRY ROAD WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33417 US 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: 04/11/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SUDRE, DANIEL SUDRE, DANIEL Name: Name: 3883 HIAWATHA AVE. Address: 4681 CHERRY ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33409 US City-St-Zip: WEST PALM BEACH, FL 33417 US Title: () Delete Title: (X) Change () Addition EUGENE, JACQUES D Name: EUGENE, JACQUES D Name: Address: 5452-6 EAST MICHIGAN ST. Address: 6456-C GOLDEN ROD ROAD City-St-Zip: ORLANDO, FL 32812 US City-St-Zip: ORLANDO, FL 32822 US Title: DS () Delete Title: () Change () Addition NOEL, GIMMY Name: Name: Address: 4007 BROADWAY Address: WEST PALM BEACH, FL 33407 US City-St-Zip: City-St-Zip: (X) Change () Addition Title: DS () Delete Title: DS Name: SUDRE, MARIE C Name: SUDRE, MARIE C 514 B INDEPENDENCE RD Address: Address: 4681 CHERRY ROAD City-St-Zip: WEST PALM BEACH, FL 33405 US City-St-Zip: WEST PALM BEACH, FL 33417 US Title: DT Title:

FORT LAUDERDALE, FL 33311 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

SIGNATURE: DANIEL SUDRE PD 04/11/2007

() Delete

() Delete

LAKE WORTH, FL 33461 US

LUBIN, ALCENITA

ALCEUS, EDDY

822 HELENA DRIVE

1544 N.W. 6TH AVE

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition