2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000479

FILED Apr 26, 2006 Secretary of State

Entity Name: D.H.S. TASK FORCE AND ALUMNI FOR EQUAL AND QUALITY EDUCATION INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	27TH AVE.				
FT. LAUDE	ERDALE, FL 3	33311			
Current Mailing Address:			New Mailing A	New Mailing Address:	
P.O. BOX 9 FORT LAU	9406 DERDALE, FI	_ 33310			
FEI Number:	65-0359532	FEI Number Applied For()	FEI Number Not Applicable	e() Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and Add	ress of New Registered Agent:	
331 NW 27	RT, OZZIE M AVE RDALE, FL 3	33311 US			
The above in the State		submits this statement for the pur	pose of changing its req	gistered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DAVENPORT, 0 331 NW 27 AVI FT. LAUDERDA	Ξ	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BARNES, MELV 4761 NW 17 S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () SMITH, MILDRI 4761 N.W. 17T LAUDERHILL, I	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DRISOM, JOSE 4520 NW 6 CO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () SMITH, NATHAI 4761 NW 17TH FORT LAUDER	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: OZZIE M DAVENPORT PD 04/26/2006