

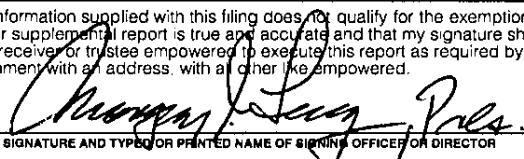


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004477</b> 1. Entity Name <b>DADE COALITION FOR GOOD GOVERNMENT, INC.</b>					
Principal Place of Business <b>9927 N.W. 52ND TERRACE MIAMI, FL 33178</b>			Mailing Address <b>9927 N.W. 52ND TERRACE MIAMI, FL 33178</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0503389</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEVY, MORGAN I 9927 N.W. 52 TERRACE MIAMI, FL 33178</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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)					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, MORGAN 9927 N.W. 52ND TERRACE MIAMI, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SD ROGERS-LIBERT, PATRICIA 1155 HELMSMAN DR. #M14 MIAMI, FL <input type="checkbox"/> Delete				000000571351 07/20/06-80004-002 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD COCHRAN, HUGH 1708 W. 75TH ST. HIALEAH, FL <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input 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.					
<b>SIGNATURE:</b>  <span style="float: right;">07/14/06 786-546-6128</span> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					