

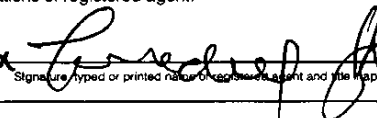
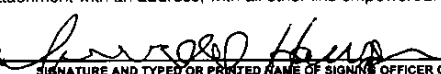


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000183 1. Entity Name EGLISE BAPTISTE HAITIENNE DE LA GRACE, INC.				FILED 06 MAY 22 PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 816753 HOLLYWOOD, FL 33081		Mailing Address P.O. BOX 816753 HOLLYWOOD, FL 33081			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3146 N.W. 68th Street Suite, Apt. #, etc. Suite No. 1 City & State FT. LAUDERDALE, FLORIDA Zip Country 33309-1206 USA			
4. FEI Number 65-0776771		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05152006 Chg-NP CR2E037 (4/06)			
6. Name and Address of Current Registered Agent HARRIGAN, LUCDEL L 631 SW 68TH TERRACE PEMBROKE PINES, FL 33023			7. Name and Address of New Registered Agent Name Lucdel L. Harrigan Street Address (P.O. Box Number is Not Acceptable) 2201 NW 93rd Avenue City Pembroke Pines FL Zip Code 33024		
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:  Lucdel L. Harrigan 05/01/2006 <small>Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstated)</small>					
Filing Fee is \$61.25 Due by September 6, 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	CSPD HARRIGAN, LUCDEL L 631 S.W 68TH TERRACE PEMBROKE PINES, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLEURIMA, CLEOBERT 440 NORTHWEST 40TH COURT, #2 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERRE, JEAN 2300 SW 43AVE PLANTATION, FL 33371 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAE0 RODRIGUEZ, CLIFTON H 3146 N.W. 68 ST. STE.1 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE:  Lucdel L. Harrigan 05/01/06 (954) 554-6844 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					