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Jun 11, 2007 8:00 am
Secretary of State
05-23-2007 90033 001 ****61.75
05-23-2007 90033 002 *****8.75

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66018567

05042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N97000000530

1. Entity Name
HUMANITY RESOURCES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
402 NO LAKESIDE DRIVE LAKE WORTH, FL 33460	402 NO LAKESIDE DRIVE LAKE WORTH, FL 33460

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0721332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROZ, JOHN J 402 NO LAKESIDE DRIVE LAKE WORTH, FL 33460	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P BROZ, JOHN J 402 NO LAKESIDE DRIVE LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DAVID E. RITTER 648 OAK TREE COVE CEDAR HILL TX 75104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHOTT, THOMAS 5317 5TH AVENUE #2 PITTSBURG, PA 15232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MONROW 'RED' TRAMMEL 4014 KEER CIRCLE DALLAS, TEXAS 752	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROWAN, BOB 5047 2A AVENUE DELTA, B.C., CANADA V4M 3N6,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MONROW LEE TRAMMELL 4014 KEER CIRCLE DALLAS, TEXAS 75244	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, CHRIS LEVEL 18, 350 COLLING STREET MELBOURNE, VICTORIA, CANADA,	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SAM WATTS 3032 ZIA HACIENDA PALO VERDES CA 90270	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, ROD LEVEL 8, COLLINS STREET MELBOURNE, VICTORIA, CANADA,	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JALWANG, JOHN 35 HESYMOR HEIGHTS LIVERPOOL, ENGLAND L835W,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: John Broz 5-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #