
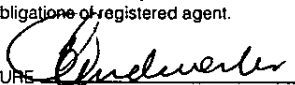


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90086 018 ****70.00

DOCUMENT # N97000002314					
1. Entity Name THE INTERNATIONAL ASSOCIATION FOR THE ADVANCEMENT OF HUMAN WELFARE, INC.					
Principal Place of Business 7300 W. CAMINO REAL SUITE 229 BOCA RATON, FL 33433			Mailing Address 7300 W. CAMINO REAL SUITE 229 BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box # 6465 VIA BENITA		3. Mailing Address PO BOX 880229			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL 33488		4. FEI Number 65-0752372	
Zip 33433		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANDWERKER, STEVE E 7300 W. CAMINO REAL, #229 6465 VIA BENITA BOCA RATON, FL 33433			7. Name and Address of New Registered Agent 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  DATE 4/27/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D	NAME HANDWERKER, MICHELLE <input type="checkbox"/> Delete			TITLE 	
STREET ADDRESS 7300 W. CAMINO REAL #229	6465 VIA BENITA			NAME 	
CITY-ST-ZIP BOCA RATON, FL 33433				STREET ADDRESS 	
TITLE D	NAME HANDWERKER, MURRAY <input checked="" type="checkbox"/> Delete			TITLE 	
STREET ADDRESS 19508 ISLAND CT				NAME 	
CITY-ST-ZIP BOCA RATON, FL 33434				STREET ADDRESS 	
TITLE PSTD	NAME HANDWERKER, STEVEN E <input type="checkbox"/> Delete			TITLE 	
STREET ADDRESS 7300 W. CAMINO REAL #229	6465 VIA BENITA			NAME 	
CITY-ST-ZIP BOCA RATON, FL 33433				STREET ADDRESS 	
TITLE REV	NAME RAYBURN, DR. CAROLE <input type="checkbox"/> Delete			TITLE 	
STREET ADDRESS 1200 MORNINGSIDE DRIVE				NAME 	
CITY-ST-ZIP SILVER SPRING, MD 20904				STREET ADDRESS 	
TITLE 	NAME 			TITLE 	
STREET ADDRESS 				NAME 	
CITY-ST-ZIP 				STREET ADDRESS 	
TITLE 	NAME 			TITLE 	
STREET ADDRESS 				NAME 	
CITY-ST-ZIP 				STREET ADDRESS 	
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: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					