2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N97000005037 i Entity Name 04-18-2006 90080 006 ****75.00 HAITIAN CHURCH OF GOD SANCTIFIED, INC. Principal Place of Business Mailing Address 5121 NW 2 AVENUE MIAMI FL 33127 5224 N MIAMI AVE MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address 5121 NW 2 AVENUE 5224 N MIAMI AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State MIAMI, FL City & State 4. FEI Number Applied For MIAMI, FL 65-0793117 Not Applicable Zip Country \$8.75 Additional 33127 5. Certificate of Status Desired 27 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUCLAIR, PASCAL Street Address (P.O. Box Number is Not Acceptable) **5224 NORTH MIAMI AVENUE** MIAM! FL 33127 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. 04/07/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete Change ☐ Addition CLOTAIRE, JACQUES PD NAME NAME STREET ADDRESS 1350 NE 149TH STREET STREET ADDRESS N MIAMI BEACH FL 33161 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete Change TITLE ☐ Addition DUCLAIR, FRANCIEUSE F NAME NAME 5224 NORTH MIAMI AVE STREET ADDRESS STREET ADDRESS MIAM! FL 33127 CITY-ST-ZIP CITY-ST-ZIP . Doloto noikbbA..... DUPONT, MARIOLENE NAME NAME STREET ADDRESS 778 NW 41 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33127** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change AURELUS, MARIE I NAME NAME STREET ADDRESS 4132 NW 11TH COURT STREET ADDRESS CITY-ST-7IP MIAMI FL 33127 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition DUCLAIR, FRANCOIS NAME NAME 402 NW 100 TR STREET ADDRESS STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 em 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 attackment with an address, with all other like empowered. TACQUES CLOTAIRE SIGNATURE: