


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 001 ****61.25

DOCUMENT # N99000005056	
1. Entity Name HUMANITARIAN UNIVERSAL CONNEXIONS, INC.	

Principal Place of Business 2712 CHARLESTON CT. TALLAHASSEE, FL 32308 ⁹	Mailing Address 2712 CHARLESTON CT. TALLAHASSEE, FL 32308 ⁹
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2005/053



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3622051	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERON, TERESA M 2712 CHARLESTON CT. TALLAHASSEE, FL 32308 ⁹	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME APPLEGATE, LIGIA M	TITLE	NAME
STREET ADDRESS 3428 CLIFFDEN DR	CITY-ST-ZIP TALLAHASSEE, FL 32309	STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME TERESA, HERON M	TITLE	NAME
STREET ADDRESS 2712 CHARLESTON CT	CITY-ST-ZIP TALLAHASSEE, FL 32309	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME VILLAMAR, ROSA	TITLE	NAME
STREET ADDRESS OWENBY DR	CITY-ST-ZIP TALLAHASSEE, FL 32309	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME GAYNOR, SANDRA	TITLE TREASURER	NAME SANDRA GAYNOR
STREET ADDRESS 1803 CHULI NENE	CITY-ST-ZIP TALLAHASSEE, FL 32301	STREET ADDRESS 2111 Jim Lee Rd	CITY-ST-ZIP Tallahassee - FL 32301
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Teressa M. Heron</i>	4/18/05	850/893-9793
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>