## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2008 8:00 am Secretary of State

Pincipal Place of Business  2. Principal Place of Business  3. Mailing Address  2. Principal Place of Business  3. Mailing Address  4. FEI Number  59-3622051  Applied for  No Applied for  7. Name and Address of Current Registered Agent  4. FEI Number  59-3622051  Applied for  7. Name and Address of Now Registered Agent  4. FEI Number  59-3622051  Applied for  7. Name and Address of Now Registered Agent  4. FEI Number  59-3622051  Applied for  7. Name and Address of Now Registered Agent  4. FEI Number  59-3622051  Applied for  7. Name and Address of Now Registered Agent  7. Name and Address of Now Registered Agent  8. The above named entry submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florids. I am familiar with, and society the obligations of registered agent, or both, in the State of Florids. I am familiar with, and society the obligations of registered agent.  6. Filling Fee is \$61.25  Due by May 1, 2008  7. DOFFERS AND DIRECTORS  9. Election Campaign Financing  1. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS  10. OFFERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE A STATE AGENT AND ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE AREA TO ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE AREA TO ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE AREA TO ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE A TO ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE A TO ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE A TO ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS IN TO MAKE A TO ADDITIONS/CHANGES TO OF	DOCUMENT # N9900005056  1. Entity Name HUMANITARIAN UNIVERSAL CONNEXIONS, INC.			<b>400</b>	· ·		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   City & State   Applied For   Not Applied F	2712 CHARLESTON CT. 2712 CHARLESTON	2712 CHARLESTON CT.					
City & State  Country  Country  S. Certificate of Status Desired  \$3.75 Additional Fee Required  \$3.75 Additional Fee Required  Fee Required  T. Name and Address of New Registered Agent  HERON, TERESA M  2712 CHARLESTON CT  TALLAHASSEE, FL 32308  City  FL Zip Code  8. The above named sntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  SiGNATURE  SIGNATURE  Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  10. OFFICERS AND DIRECTORS IN	Principal Place of Business - No P.O. Box #     Mailing Address		··				
Signature   Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.			01272008 CI	ng-NP	CR2E037 (12/0	6)
S. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  The Address of New Registered Agent  Name	City & State City & State	City & State			 51		
Name     Name	Zip Country Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Fee Req	Additional
HERON, TERESA M 2712 CHARLESTON CT TALLAHASSEE, FL 32308    City   FL   Zip Code	6. Name and Address of Current Registered Agent			7. Name and Add	ress of New Re	gistered Agent	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	HEDON TEDESA M	Na	ime				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	2712 CHARLESTON CT.	Str	eet Address (P.O. Box Number is Not Acceptable)				
B. 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 Supplement Special September Sept		į					
SIGNATURE  FILING Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE APPLEGATE, LIGIA M SIREET ADDRESS CITY -ST-2P  TALLAHASSEE, FL 32309  TALAHASSEE, FL 32309  TALLAHASSEE, FL 32301  TALAHASSEE, FL 32301  TALLAHASSEE, FL 32		Cit	ty	FL Zip Code			
Signatural speed or printed name of registeried agent and risk if applicable.   (NOTE Repair) or Agent signatural required when remetatory)   DATE	<ol> <li>The above named entity submits this statement for the purpose of changin the obligations of registered agent.</li> </ol>	g its registered off	fice or register	red agent, or both, in	the State of Flor	rida. I am familiar v	ith, and accept
Due by May 1, 2008		Lasy (NOTE: Registered Agent	nt signature required		nuar	129,08 DATE	3
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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:

Seresa Hear Acceptant

anuary 29,08

921-9529