2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N99000005056

Entity Name: HUMANITARIAN UNIVERSAL CONNEXIONS, INC.

Current Principal Place of Business:

2712 CHARLESTON CT.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2712 CHARLESTON CT.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3622051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERON, TERESA M
2712 CHARLESTON CT.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: APPLEGATE, LIGIA M
Address: 3428 CLIFFDEN DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete
Name: TERESA, HERON M
Address: 2712 CHARLESTON CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete
Name: VILLAMAR, ROSA
Address: OWENBY DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete
Name: JENSEN, MAGDA
Address: 8231 CHICKASAW
City-St-Zip: TALLAHASSEE, FL 32312

Title: CEO (X) Delete
Name: AMADOR, CLAUDIA
Address: 2224 UPLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: AMADOR, CLAUDIA
Address: 2224 UPLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA HERON SECR 01/30/2009

Electronic Signature of Signing Officer or Director — Date