

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006293

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: WE DO CARE ABOUT RWANDANS, INC.

**Current Principal Place of Business:**

10711 HAWKS VISTA ST  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10711 HAWKS VISTA ST  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 65-0986913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOOK, RONALD L  
2999 NE 191 STREET PH6  
AVENTURA, FL 33180 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: BOOK, LAUREN  
Address: 2999 NE 191ST PH6  
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete  
Name: BOOK, RON  
Address: 2999 NE 191ST PH6  
City-St-Zip: AVENTURA, FL 33180

Title: TD ( ) Delete  
Name: BOOK, PAT  
Address: 2999 NE 191ST  
City-St-Zip: AVENTURA, FL 33180

Title: VP ( ) Delete  
Name: BOOK, SAMANTHA  
Address: 10711 HAWKS VISTA ST  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: LAUREN BOOK

PD

03/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date