

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006293

FILED
Apr 14, 2009
Secretary of State

Entity Name: WE DO CARE ABOUT RWANDANS, INC.

Current Principal Place of Business:

491 COCONUT PALM TERRACE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

491 COCONUT PALM TERRACE
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:

BOOK, RONALD L
18851 N.E. 29TH AVENUE
SUITE 1010
AVENTURA, FL 33180 US

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: RONALD L. BOOK

04/14/2009

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, PH-6
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: BOOK, SAMANTHA
Address: 491 COCONUT PALM TERRACE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOOK, LAUREN
Address: 18851 N.E. 29TH AVENUE, SUITE 1010
City-St-Zip: AVENTURA, FL 33180

Title: VPD (X) Change () Addition
Name: BOOK, RON
Address: 18851 N.E. 29TH AVENUE, SUITE 1010
City-St-Zip: AVENTURA, FL 33180

Title: TD (X) Change () Addition
Name: BOOK, PAT
Address: 18851 N.E. 29TH AVENUE, SUITE 1010
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change () Addition
Name: BOOK, SAMANTHA
Address: 18851 N.E. 29TH AVENUE, SUITE 1010
City-St-Zip: AVENTURA, FL 33180

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: LAUREN BOOK

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date