2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# 719194

Entity Name: FAMILY RESOURCES, INC.

Current Principal Place of Business:

5959 CENTRAL AVE.
SUITE 200
ST. PETERBURG, FL 33710 US

New Principal Place of Business:

5180 62ND AVENUE
PINELLAS PARK, FL 33781 US

Current Mailing Address:

P.O. BOX 13087
ST. PETERSBURG, FL 33733 US

New Mailing Address:

5180 62ND AVENUE
PINELLAS PARK, FL 33781 US

FEI Number: 23-7146873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARPER, JANE L.
5959 CENTRAL AVENUE
SUITE 200
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

HARPER, JANE L.
5180 62ND AVENUE
PINELLAS PARK, FL 33781 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: _____ 01/05/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	O	( ) Delete
Name:	HARPER, JANE L.	
Address:	5959 CENTRAL AVE STE 200	
City-St-Zip:	ST. PETERBURG, FL 33710 US	
Title:	D	( ) Delete
Name:	FITZ, DAVID A.,	
Address:	5830-C WEST CYPRESS STREET	
City-St-Zip:	TAMPA, FL 33607 US	
Title:	C	( ) Delete
Name:	WILSEY, STEVEN	
Address:	275 4TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33701 US	
Title:	D	( ) Delete
Name:	CUNNINGHAM, MONICA L	
Address:	100 2ND AVE N 3RD FLOOR	
City-St-Zip:	CLEARWATER, FL 33701 US	
Title:	D	( ) Delete
Name:	BOWMAN, PAMELA J	
Address:	10846 97TH STREET NORTH	
City-St-Zip:	SEMINOLE, FL 33773 US	
Title:	VC	( ) Delete
Name:	SHEPARD, GARY	
Address:	615 S. MISSOURI AVENUE #F	
City-St-Zip:	CLEARWATER, FL 33756 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	O	(X) Change ( ) Addition
Name:	HARPER, JANE L.	
Address:	5180 62ND AVENUE	
City-St-Zip:	PINELLAS PARK, FL 33781 US	
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:		
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: JANE L. HARPER CEO 01/05/2006
Electronic Signature of Signing Officer or Director — Date