2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#735333

FILED Apr 09, 2006 Secretary of State

Entity Name: THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

Current Principal Place of Business: New Principal Place of Business: 21202 OLEAN BLVD. 23312 HARPER AVE PT CHARLOTTE, FL 33980 SUITE B-2 PT CHARLOTTE, FL 33952 **New Mailing Address: Current Mailing Address:** 21202 OLEAN BLVD. 23312 HARPER AVE SUITE B-2 PT CHARLOTTE, FL 33980 PT CHARLOTTE, FL 33952 FEI Number: 65-0043245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORRIS, JAMES R NORRIS, JAMES R 21202 OLEAN BLVD. 23312 HÄRPER AVE PT CHARLOTTE, FL 33980 US SUITE 5 PT CHARLOTTE, FL 33952 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: 04/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NORRIS, JAMES R NORRIS, JAMES R Name: Name: 21481 GIBRALTER DR Address: 21481 GIBRALTER DR Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: PT CHARLOTTE, FL 33952 Title: () Delete Title: D (X) Change () Addition JAQUES, EDWIN Name: DANIELS, L.A. Name: Address: 182 CHELSEA CT Address: 471 FLETCHER City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952 Title: () Delete Title: () Change () Addition WEISHAAR, LEE Name: Name: 21150 GERTUDE AVE. Address: Address: City-St-Zip: PT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LUPTON, JOE Name: LUPTON, JOE Address: 3453 DE SOTA DR Address: 3453 DE SOTA DR City-St-Zip: HARBOR HIGHTS, FL 33287 City-St-Zip: HARBOR HIGHTS, FL 33287 Title: () Delete Title: () Change () Addition ROBINSON, FRED Name: Name: 22231 BREEZESWEPT AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: Title: () Delete Title: () Change () Addition BUNN FRANK Name: Name: Address: 21748 EDGEWATER DR Address: PORT CHARLOTTE, FL 33952 City-St-Zip: 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: JANES R NORRIS T 04/09/2006