

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754696

FILED
Apr 27, 2006
Secretary of State

Entity Name: THE KIMBERLY HOME, INC.

Current Principal Place of Business:

1189 N.E. CLEVELAND ST.
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1189 N.E. CLEVELAND ST.
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2077208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAUTWEIN, WILLIAM T
1949 LOS LOMAS DRIVE
CLEARWATER, FL 33763 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: VD () Delete
Name: GRAY, PHILIP
Address: 1025 KENWOOD DRIVE
City-St-Zip: CLEARWATER, FL 34698 US

Title: TD () Delete
Name: AUSTIN, JAMIA
Address: 1033 MELONWOOD AVE.
City-St-Zip: CLEARWATER, FL 33759 US

Title: MD () Delete
Name: KELLY, KATHLEEN M
Address: 839 HILLSIDE DR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D () Delete
Name: BARALT, MARY
Address: 1700 ALLEN'S CREEK DR
City-St-Zip: CLEARWATER, FL 33764 US

Title: PD () Delete
Name: TRAUTWEIN, WILLIAM T
Address: 1949 LOS LOMAS DR.
City-St-Zip: CLEARWATER, FL 33763 US

Title: SD () Delete
Name: TRAUTWEIN, KATHLEEN
Address: 1949 LOS LOMAS DRIVE
City-St-Zip: CLEARWATER, FL 33763 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: KATHLEEN, BEATTY SSJ
Address: 2220 WILLOWBROOK DR.
City-St-Zip: CLEARWATER, FL 33764

Title: TD (X) Change () Addition
Name: STOUGH, PATRICIA
Address: 1634 SAN ROY DR.
City-St-Zip: DUNEDIN, FL 34698 US

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

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

Title: D (X) Change () Addition
Name: MARIANN, DIGIOVANNI
Address: 163 BAYSIDE DR.
City-St-Zip: CLEARWATER, FL 33767 US

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: KATHLEEN M KELLY

MD

04/27/2006

Electronic Signature of Signing Officer or Director

Date