


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90440 045 ***150.00

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1. Entity Name
PROVIDENCE MANAGEMENT AND DEVELOPMENT COMPANY, INCORPORATED



Principal Place of Business
**18601 NORTH CREEK DRIVE
 TINLEY PARK, IL 60477**

Mailing Address
**18601 NORTH CREEK DRIVE
 TINLEY PARK, IL 60477**

50016030



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number
36-3774205

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARIAN PEARLMAN NEASE, ESQ.
 2500 N. MILITARY TRAIL, SUITE 480
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLKERTS, PETER 551 KENDALL ELMHURST, IL 60126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOVING, KENNETH 363 TRINITY LANE OAK BROOK, IL 60423 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOEKSTRA, JOHN 9206 W 175TH STREET TITINLEY PARK, IL 60477 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEGROOT, NICK 102 VILLAGE WOODS DRIVE CRETE, IL 60417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUTT, RICHARD 434 SHADOW CREEK DRIVE PALOS HEIGHTS, IL 60462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VROOM, JIM 9905 AVENIDA DEL NORTE ORLAND PARK, IL 60462 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dave Beezhold 27203 S. Steven Ray Monee, IL 60449 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug DeGroot 10761 Ashford Frankfort, IL 60423 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Muddle 12035 Flambeau Dr. Palos Heights, IL 60463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Russell* **John R. Russell Vice President** 4/17/06 ⁷⁰⁸ 342-8113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #