


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90098 039 \*\*\*\*70.00

**DOCUMENT # N00000007609**  
 1. Entity Name  
**S.T.E.P.S. IN THE RIGHT DIRECTION, INC.**



Principal Place of Business  
 1651 WEST 37TH STREET, STE 406  
 HIALEAH, FL 33012 US

Mailing Address  
 P.O. BOX 28112  
 HIALEAH, FL 33002 US

00037712



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-1067093</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALEM, MICHAEL 6363 GAGE PLACE MIAMI LAKES, FL 33014		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <del>P</del>	<input checked="" type="checkbox"/> Delete		TITLE	JOSE AGUILO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERMEJO, ALPHOUSE			NAME	6532 N.W. 170 TERRACE		
STREET ADDRESS	605 EAST 8 LANE			STREET ADDRESS	MIAMI FL 33015		
CITY-ST-ZIP	HIALEAH, FL 33010			CITY-ST-ZIP			
TITLE	D <del>P</del>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GANDOLPH, MARY			NAME			
STREET ADDRESS	6520 WEST 11 CT.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACOSTA, ROLANDO			NAME			
STREET ADDRESS	1261 WEST 43 PLACE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEAN BAPTISTE, CHRISTINE			NAME			
STREET ADDRESS	920 NW 179 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33169			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALEM, MICHAEL			NAME			
STREET ADDRESS	6363 GAGE PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33014			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ACOSTA, TERESA			NAME			
STREET ADDRESS	1261 WEST 43 PLACE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33012			CITY-ST-ZIP			

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 617, 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: Michael Salem Date: 5/2/06 Daytime Phone #: (305) 231-9936

PRESIDENT/CEO