


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005726

1. Entity Name
THE SUNSHINE STATE PAPILLON CLUB, INC.



Principal Place of Business Mailing Address

**5535 STARLING LOOP
 LAKELAND, FL 33810** **5535 STARLING LOOP
 LAKELAND, FL 33810**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

**GARAMELLA, TAMMY
 5535 STARLING LOOP
 LAKELAND, FL 33810**

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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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKETT, ANGELA 2633 PICKET DOWN DRIVE CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORPI, MARYJO 778-99TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARAMELLA, TONY 5535 STARLING LOOP LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARAMELLA, TAMMY 5535 STARLING LOOP LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONCEL, LAURA 736 CARMEN DR LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZECH, ARLENE 778 99TH AVENUE N NAPLES, FL 34108

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 02/23/06-80071-003 61.25

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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: Tammy Garamella 2/16/06 863-816-7648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #