2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# N02000007699

Entity Name: KEEP IN TOUCH CHARITIES, INC.

Current Principal Place of Business:

91 NORTH SUNSET DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

91 N. SUNSET DRIVE
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 01-0746722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOWAY BELANGER, MARCI RENEE
91 N. SUNSET DRIVE
CASSELBERRY, FL 32707 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:	P	( ) Delete
Name:	SOLOWAY BELANGER, MARCI RENEE	
Address:	91 N. SUNSET DRIVE	
City-St-Zip:	CASSELBERRY, FL 32707 US	
Title:	D	( ) Delete
Name:	SOLOWAY, HARVEY A	
Address:	91 N. SUNSET DRIVE	
City-St-Zip:	CASSELBERRY, FL 32707 US	
Title:	D	( ) Delete
Name:	SMITH, RUTH E	
Address:	1200 HAMILTON AVE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	D	( ) Delete
Name:	SOLOWAY, SANDRA M	
Address:	91 N. SUNSET DRIVE	
City-St-Zip:	LONGWOOD, FL 32707` US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: MARCI RENEE SOLOWAY BELANGER OFFI 02/28/2006

Electronic Signature of Signing Officer or Director — Date