2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006
Secretary of State

DOCUMENT# N04000009357

Entity Name: KISSIMMEE/MAINSTREET PROGRAM, INC.

Current Principal Place of Business:

321 E. MONUMENT AVENUE
KISSIMMEE, FL 34741

New Principal Place of Business:

320 E. MONUMENT AVENUE
KISSIMMEE, FL 34741

Current Mailing Address:

321 E. MONUMENT AVENUE
KISSIMMEE, FL 34741

New Mailing Address:

320 E. MONUMENT AVENUE
KISSIMMEE, FL 34741

FEI Number: 20-1867527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANIER, JEREMY T
321 E. MONUMENT AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LANIER, JEREMY T
320 E. MONUMENT AVENUE
KISSIMMEE, FL 34741 US

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: JEREMY LANIER 05/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TREA ( ) Delete
Name: MARCOE, SHERRY L
Address: 2013 SEMINOLE AVE.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: SEC. ( ) Delete
Name: ECK, GAIL
Address: 22 N. BEAUMONT AVE.
City-St-Zip: KISSIMMEE, FL 34741

Title: V.P. ( ) Delete
Name: MONTPELIER, ABIGAIL
Address: 1659 TAYLOR RIDGE LOOP
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC. (X) Change ( ) Addition
Name: BROWN, KATE
Address: 441 DAVICI PASS
City-St-Zip: KISSIMMEE, FL 34759

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

Title: PRES ( ) Change (X) Addition
Name: LANIER, JEREMY
Address: 320 E. MONUMENT AVE
City-St-Zip: KISSIMMEE, FL 34741

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: JEREMY LANIER PRES 05/12/2006
Electronic Signature of Signing Officer or Director Date