

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002249

FILED  
May 02, 2006  
Secretary of State

Entity Name: SUPPORT OUR TROOPS, INC.

**Current Principal Place of Business:**

595 W. GRANADA BLVD., STE. J  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

595 W. GRANADA BLVD., STE. J  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 33-1112829      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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: D      ( ) Delete  
Name: ANANIA, JOSEPH V.  
Address: 280 MELROSE AVE.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: ERICKSON, MARK CPA  
Address: 14901 WHITE MAGNOLIA CT.  
City-St-Zip: ORLANDO, FL 32824

Title: D      ( ) Delete  
Name: BOIRE, MARTIN C.  
Address: 595 W. GRANADA BLVD., STE. J  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: JONAS, BRUCE ESQ.  
Address: 1020 WILDROSE LANE  
City-St-Zip: LUTZ, FL 33549

**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: MARTIN C. BOIRE

PRES

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date