

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# N05000005088

Entity Name: SENSITIVITY AWARENESS WORKSHOP OF SOUTHWEST FLORIDA INC.

Current Principal Place of Business:

8359 BEACON BLVD
616
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BLVD
616
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-2854669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BLVD.
STE. 600
NAPLES, FL 34108 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: PD () Delete
Name: MILLER, LISA C
Address: 8359 BEACON BLVD STE 616
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: BONNELL, JILL B
Address: 8359 BEACON BLVD STE. 616
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: WEBB, STEPHANIE T
Address: 8359 BEACON BLVD STE. 616
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: SHROYER, MICHELLE C
Address: 8359 BEACON BLVD STE. 616
City-St-Zip: FORT MYERS, FL 33907

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: LISA CRONIN MILLER

PRES

01/19/2006

Electronic Signature of Signing Officer or Director

Date