2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N05000008089

Entity Name: CASUAL FROG, INC.

Current Principal Place of Business:

3707 GOLDEN EAGLE DRIVE
LAND O LAKES, FL 34639

New Principal Place of Business:

P.O. BOX 20364
TAMPA, FL 33622

Current Mailing Address:

3707 GOLDEN EAGLE DRIVE
LAND O LAKES, FL 34639

New Mailing Address:

P.O. BOX 20364
TAMPA, FL 33622

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLGAN, THOMAS P
3707 GOLDEN EAGLE DRIVE
LAND O LAKES, FL 34639 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: COLGAN, THOMAS P
Address: 3707 GOLDEN EAGLE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: SIMONS, KARL
Address: 3707 GOLDEN EAGLE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: MCBRIDE, COLLEEN
Address: 3707 GOLDEN EAGLE DRIVE
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COLGAN, THOMAS P
Address: P.O. BOX 20364
City-St-Zip: TAMPA, FL 33622

Title: SEC (X) Change ( ) Addition
Name: SIMONS, KARL B
Address: P.O. BOX 20364
City-St-Zip: TAMPA, FL 33622

Title: TREA (X) Change ( ) Addition
Name: MCBRIDE, COLLEEN
Address: P.O. BOX 20364
City-St-Zip: TAMPA, FL 33622

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: KARL B SIMONS SEC 03/17/2006

Electronic Signature of Signing Officer or Director — Date