

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N05000009805

Entity Name: FRIENDS-SUPPORT INC.

Current Principal Place of Business:

510 E. SADIE ST.
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677
BRANDON, FL 33509

New Mailing Address:

FEI Number: 65-1261646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASTELLA, THERESA A
4607 PORTOBELLO CIRCLE
VALRICO, FL 33594 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: MASTELLA, THERESA A
Address: 4607 PORTOBELLO CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: ARNOLDSON, PAMELA L
Address: 6011 PALOMAGLADE DR.
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: HERRINGTON, DEBBIE
Address: 904 SETTER CT.
City-St-Zip: SEFFNER, FL 33584

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:

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: PAMELA L ARNOLDSON

D

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date