


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29765**  
 1. Entity Name  
**SOPHIA BUTLER'S GROUP HOME, INC.**



Principal Place of Business  
**C/O SOPHIA BUTLER**  
**3951 NW 187 TERRACE**  
**MIAMI, FL 33055**

Mailing Address  
**C/O SOPHIA BUTLER**  
**PO BOX 55-2090**  
**MIAMI, FL 33055**



04162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0088091</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUTLER, SOPHIA**  
**3951 NW 187 TERRACE**  
**MIAMI, FL 33055**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, SOPHIA 3951 NW 187TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POINTER, KELVIN 3402 NW 182 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARK, TORRENCE 870 NW 168 TERRACE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, CARRIE 2445 NW 167TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, ANNI 3951 NW 187 TERRACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000525038  
 05/04/06-80015-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sophia Butler* **4/17/06** (305) 624-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #