2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# N35416

Entity Name: F.E.A.S.T., INC.

Current Principal Place of Business:

32764 US 19N
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2154
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2981961 **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:

ANDERSON, WALTER A
2298 MALCOLM DR.
PALM HARBOR, FL 34684 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: VAN VOORST, FORREST
Address: 321 ARISTOLE ST
City-St-Zip: DUNEDIN, FL 34698

Title: VPD ( ) Delete
Name: ANDERSON, WALTER A
Address: 2298 MALCOLM DR.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D ( ) Delete
Name: VAN VOORST, HAROLD
Address: 1763 MAIN STREET APT 103A
City-St-Zip: DUNEDIN, FL 34689

Title: D ( ) Delete
Name: STANEK, DOROTHY
Address: 4158 CHESTERFIELD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC ( ) Delete
Name: ADAMSKI, JOSEPHINE
Address: 608 BETMORE LANE
City-St-Zip: OZONA, FL 34660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: THERESE, SABRE
Address: 4079 PAVIA LANE
City-St-Zip: SPRING HILL, FL 34606

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: WALTER A ANDERSON VPD 06/26/2006
Electronic Signature of Signing Officer or Director Date