

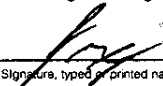
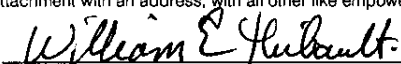


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 037 \*\*\*\*61.25

<b>DOCUMENT # N41501</b> 1. Entity Name <b>ROTARY CLUB OF HOMESTEAD, INC.</b>					
Principal Place of Business <b>1900 N. KROME AVE. HOMESTEAD, FL 33030</b>				Mailing Address <b>1900 N. KROME AVE. HOMESTEAD, FL 33030</b>	
2. Principal Place of Business <b>15600 SW 288th Street</b>		3. Mailing Address <b>15600 SW 288th Street</b>			
Suite, Apt. #, etc. <b>Suite 401</b>		Suite, Apt. #, etc. <b>Suite 401</b>			
City & State <b>Homestead, FL</b>		City & State <b>Homestead, FL</b>			
Zip <b>33033</b>		Country <b>USA</b>		02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-6155191</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARING, FRED 10423 SW 115 PLACE MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>James M. Guest, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>15600 SW 288th Street, Ste 401</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33033</b>			
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  <b>James M. Guest, CPA</b> <b>02/01/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITS, ROBERT 32100 SW 187 AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Erik Tietig 16300 SW 184 Street Miami, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE TIETIG, ERIK 16300 SW 184 ST MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Margaret B. Jones 1780 N. Krome Avenue Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MARGARET B 1780 N KROME AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thomas Schramm 160 NW 13th Street Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, MICHAEL 43 N. KROMA AVE. HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, CHARLES 437 N KROME AVE HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, ROBERT S 16095 S.W. 84TH AVE. MIAMI, FL 331573614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T William Thibault 690 N. Homestead Blvd Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>2-8-2006</b> <b>305-247-2111</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					