

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


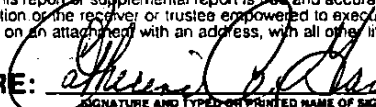
**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90019 046 \*\*\*\*70.00

**50005029**



1st MOORE CR2E037 (10/05)

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # N93000001833</b>   |  |                                    |  |
| 1. Entity Name<br><b>ARCADIA MAIN STREET PROGRAM, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>202 WEST OAK<br/>STE 301<br/>ARCADIA FL 34266<br/>US</b>   |  | Mailing Address<br><b>PO BOX 584<br/>ARCADIA FL 34265<br/>US</b>  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |
| City & State   |  | City & State  |  |
| Zip  | Country  | Zip   | Country  |
| 4. FEI Number<br><b>65-0383160</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>AMES, PAM<br/>108 WEST OAK ST.<br/>ARCADIA FL 34266</b>  |  | 7. Name and Address of New Registered Agent   |  |
|  |  | Name  |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |  | City  |  |
|  |  | <b>FL</b> Zip Code  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent with title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>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>   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>AMES, PAM<br/>108 WEST OAK ST.<br/>ARCADIA FL 34266</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>CRAVEN, MARTHA<br/>13 S MONROE AVE<br/>ARCADIA FL 34266</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>LONG, CINDY<br/>104 WEST OAK ST.<br/>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>GADBOIS, CATHERINE A.<br/>202 W. OAK ST., SUITE 301<br/>ARCADIA, FL 34266-8969</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>GAEBONNARO, PAT<br/>209 WEST OAK ST<br/>ARCADIA FL 34266</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>KAY HIGLEY<br/>427 W. HICKORY STREET<br/>ARCADIA, FL 34266</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input 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 Section 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:    |  | CATHERINE A. GADBOIS 03/20/06 863 494-2262  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date Daytime Phone #</small>   |  |