

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90335 033 ****61.25

DOCUMENT # N99000006907

1. Entity Name
 ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.



Principal Place of Business
 341 20TH STREET SE
 NAPLES, FL 34117

Mailing Address
 341 20TH STREET SE
 NAPLES, FL 34117

50038168



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02102005 Chg-NP CR2E037 (10/03)

City & State City & State

4. FEI Number 31-1714193 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOTT, JAMES
 341 20TH STREET SE
 NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD Delete
 NAME SCHOTT, JAME
 STREET ADDRESS 341 20TH STREET SE
 CITY-ST-ZIP NAPLES, FL 34117

TITLE DV Delete
 NAME MANLEY, PAUL
 STREET ADDRESS 2150 GOODLETTE ROAD NORTH
 CITY-ST-ZIP NAPLES, FL 34102

TITLE D Delete
 NAME THOMAS, FRED
 STREET ADDRESS 1800 IMMOKALEE ROAD
 CITY-ST-ZIP NAPLES, FL 39142

TITLE D Delete
 NAME SCALLAN, LISA
 STREET ADDRESS 401 9TH STREET NORTH
 CITY-ST-ZIP IMMOKALEE, FL 39142

TITLE D Delete
 NAME ROACH, FRANK
 STREET ADDRESS 4343 ALBON ROAD
 CITY-ST-ZIP MONCLOVA, OH 43542

TITLE D Delete
 NAME TOURON, MANNY
 STREET ADDRESS 401 9TH STREET NORTH
 CITY-ST-ZIP IMMOKALEE, FL 39142

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.T.D. Change Addition
 NAME Schott, James
 STREET ADDRESS 341-20th Street SE
 CITY-ST-ZIP Naples, Florida 34117

TITLE D.V. Change Addition
 NAME Rubin, George
 STREET ADDRESS 445 Dockside Dr, Unit 801
 CITY-ST-ZIP Naples, FL-34110

TITLE D.V. Change Addition
 NAME Arhar, Dana
 STREET ADDRESS 701 Immokalee Dr.
 CITY-ST-ZIP Immokalee, Florida 39142

TITLE D.S. Change Addition
 NAME West, Pat
 STREET ADDRESS 1361 Salvadore Ct.
 CITY-ST-ZIP Marco Island, Florida 34145

TITLE D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME TOURON, MANNY
 STREET ADDRESS 701 Immokalee Dr.
 CITY-ST-ZIP Immokalee, Florida 39142

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James Schott/President 04/11/2005(230)455-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #