


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

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90078 042 \*\*\*\*61.25

<b>DOCUMENT # 731444</b> 1. Entity Name <b>SERENITY JUNCTION, INCORPORATED OF PANAMA CITY</b>	
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Principal Place of Business <b>922 JENKS AVE. PANAMA CITY, FL 32401 US</b>	Mailing Address <b>PO BOX 1881 PANAMA CITY, FL 32402-1881 US</b>
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**DO NOT WRITE IN THIS SPACE**

40000000



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1701355</b>	Applied For <input type="checkbox"/> 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**

**GADDIE, DONALD  
826 BRANDEIS AVE  
PANAMA CITY, FL 32405**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 GREEN, EMERY 105 N PALO ALTO AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GADDIE, DONALD 826 BRANDEIS AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, SIDNEY 5928 STEPHANIE DR PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SECHRÉST, JUANITA 1136 WEST ST PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOTSHALL, KARL 2993 MICHIGAN CT PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-06 (850) 874-1574  
Date Daytime Phone