

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 036 ****61.25

DOCUMENT # N51379 1. Entity Name FIRST THINGS FIRST INC.			
Principal Place of Business 2677 FOREST HILL BLVD SUITE 108 WEST PALM BEACH, FL 33406		Mailing Address 2677 FOREST HILL BLVD SUITE 108 WEST PALM BEACH, FL 33406	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>"</i>		Suite, Apt. #, etc. <i>"</i>	
City & State <i>"</i>		City & State <i>"</i>	
Zip <i>"</i>		Zip <i>"</i>	
Country <i>"</i>		Country <i>"</i>	
4. FEI Number 65-0416778		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOCCI, THOMAS 6916 TRADEWINDS WAY LANTANA, FL 33462		7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) 2677 Forest Hills Blvd. Ste. 108 West Palm Beach, FL 33406	
City West Palm Beach		State FL	
Zip Code 33406		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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 8/15/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARSONS, CHAD 2677 FOREST HILL BLVD WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Trustee</i> Michael Blackmon 2677 Forest Hills Blvd. West Palm Beach, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COBB, SCOTT 4670 TODD STREET LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUSKEY, LAURA 200 OMAR RD WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHINER, MARCIA P.O. BOX 21335 WEST PALM BEACH, FL 33416	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR COUNES, MICHAEL 511 40TH STREET WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR HEDLUND, ROGER 6 SMITH CIRCLE BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/17/06 Daytime Phone #	

561-826-2006