2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# 719230

Entity Name: EVERETT ARMS NO. 7 ASSOCIATION, INC.

Current Principal Place of Business:

3550 N W 8TH AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

P O BOX 8730
DEERFIELD BEACH, FL 334438730

New Mailing Address:

P O BOX 8730
DEERFIELD BEACH, FL 33443

FEI Number: 57-0541036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATLIFF, CARY L
706 S E 8TH AVE
#436
DEERFIELD BCH, FL 33441 US

Name and Address of New Registered Agent:

RATLIFF, CARY L
700 S E 2ND AVE
#415
DEERFIELD BCH, FL 33441 US

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.

SIGNATURE: _____ 02/23/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HENRY, MARY
Address: 3550 NW 8TH AVE.
City-St-Zip: POMPANO BEACH, FL 33064

Title: PD ( ) Delete
Name: MUSSO, BENNIE
Address: 3550 N W 8TH AVE #703
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete
Name: SOUSA, RON
Address: 1915 N E 204 TERRACE
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVD (X) Change ( ) Addition
Name: GUIMARD, LAVONNA
Address: 3550 NW 8TH AVE. #607
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LOVATT, WILLIAM
Address: 3550 N.W. 8TH AVE. #702
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY L. RATLIFF RA 02/23/2006
Electronic Signature of Signing Officer or Director — Date