2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721569

FILED May 30, 2006 Secretary of State

Entity Name: COUNTRY ACRES AUXILIARY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1850 S. DELEON AVE. TITUSVILLE, FL 327804747 **Current Mailing Address: New Mailing Address:** 1850 S. DELEON AVE TITUSVILLE, FL 327804747 FEI Number: 23-7158373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDEN, IAN HIGGINBOTHAM, TRACEY C EA 1850 S. DELEON AVE. 3935-L N. U.S. 1 TITUSVILLE, FL 327804747 US COCOA, FL 32926 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: TRACEY C HIGGINBOTHAM 05/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OLSEN, CHERYL Name: Name: 6675 CORTO ROAD Address: Address: City-St-Zip: COCOA, FL 32927 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: KUNTZ, DONNA M Name: Address: 437 OAKRIDGE AVENUE Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: Title: () Delete Title: () Change () Addition HIGGINBOTHAM, TRACEY C Name: Name: 3935-L NORTH U.S. 1 Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition Name: MAYHEW, TERRY Name: MAYHEW, TERRY 3856 CHAMPION ROAD 3856 CHAMPION ROAD Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: () Change () Addition MIKKELSON, PATRICIA Name: Name: 1455 CANAVERAL PORT Address: Address: City-St-Zip: MERRITT ISLAND, FL 92952 US City-St-Zip:

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: TRACEY C HIGGINBOTHAM D 05/30/2006