2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 8:00 am Secretary of State **DOCUMENT # 725538** 02-09-2006 90036 019 ****61.25 1. Entity Name REACH OUT, INC. Principal Place of Business 3034 ROCKINGHAM CIRCLE 3034 ROCKINGHAM CIRCLE ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 23-7406356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILHAM, JULEE LYNN Street Address (P.O. Box Number is Not Acceptable) Redacted 119 F.S. ST. PETERSBURG FL City 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 (NOTE: Registered Agent signalure required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILHAM, RICHARD J. NAME NAME 3034 ROCKINGHAM CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP DVS TITLE Delete ☐ Change ☐ Addition MILHAM, PEGGY B. NAME NAME 3034 ROCKINGHAM CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIE CITY-ST-ZIP D Delete Change TITLE TITLE ☐ Addition GRISSOM, ALBERT E. NAME NAME 3-34 KOCKINGHAM CIRCLE ORIANDO, FL 32308 STREET ADDRESS 2049 VAN BUREN ST. STREET ADDRESS WILMINGTON NC 28491 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE

ICHDAD MISHAM

JAJ 25,2006

401-295-1397

FILED