2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726365

FILED Apr 10, 2006 Secretary of State

Entity Name: NEW HORIZONS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 10050 HILLVIEW RD 10050 HILLVIEW DRIVE PENSACOLA, FL 32514 PENSACOLA, FL 32514 **Current Mailing Address: New Mailing Address:** 10050 HILLVIEW RD 10050 HILLVIEW DRIVE PENSACOLA, FL 32514 PENSACOLA, FL 32514 FEI Number: 59-0578643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONGORA, GENE A GONGORA, GENE A 10050 HILLVIEW DRIVE 10050 HILLVIEW RD US US PENSACOLA, FL 32514 PENSACOLA, FL 32514 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: 04/10/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GIBBS, RICHARD MR. GIBBS, RICHARD MR. Name: Name: 3811 W. NINE MILE ROAD Address: 3811 WEST NINE MILE ROAD Address: PENSACOLA, FL 32523 City-St-Zip: PENSACOLA, FL 32523 City-St-Zip: Title: () Delete Title: () Change () Addition EDDINS, DANNY M MR Name: Name: Address: 121 JACKS BRANCH ROAD Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: () Delete Title: (X) Change () Addition NELSON, CHARLES E MR. Name: NELSON, CHARLES E MR. Name: 2190 W. NINE MILE ROAD 280 MAN O' WAR CIRCLE Address: Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: CANTONMENT, FL 32533 Title: SD () Delete Title: () Change () Addition Name: RICKS, MARILYN MRS. Name: 400 E. LURTON STREET Address: Address: City-St-Zip: PENSACOLA, FL 32523 City-St-Zip: Title: Title: () Delete () Change () Addition PAYNE, CLIFF MR. Name: Name: 41 NORTH JEFFERSON Address: Address: City-St-Zip: PENSACOLA, FL 32501 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: RICHARD GIBBS PD 04/10/2006