2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2006 8:00 am Secretary of State 06-20-2006 90012 024 ****61.25

MEEKS, DAVID STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE IV NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE IV NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE IV NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE IV NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE IV NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NORMAN, DEBBIE STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NORMAN, DEBBIE STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NORMAN, DEBBIE STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TOM PICTSON STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP BELLE GLADE, FL 33430	1. Entity Nan	MENT # 730824 BLADE CHAMBER OF COMM	IERCE, INC.		06	5-20-2006 90	0012 024 ****61	25	
Suite, Apt. #, etc. Suite, Apt. #, etc. D6142006 Chg.NP CR2E037 (4/06)	540 SOUTH	MAIN STREET	540 SOUTH MAIN STR						
Suite, Apt. #, etc. Suite, Apt. #, etc. D6142006 Chg.NP CR2E037 (4/06)	2. Principal F	Place of Business	3 Mailing Address						
City & State	5. Me		o. Maning Address		1 100711 (0700 1171	88181 18118 HSII 6183 BI	IBJI MSBIT BIMIT BIMIT BIMIT MIN		
Zip Country Zip Country S. Conflictate of Status Desired \$8.75 Acadebonal \$	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (4/06)		
EUNTING, BRENDA A SUPPLY STORES OF Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	City & State		City & State	City & State					
8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	□ \$8.75 Ade	ditional	
BUNTING, BRENDA A \$40 SOUTH MAIN STREET BELLE GLADE, FL 33430 City FL Zip Code		6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Reg	<u>.</u>		
Street Address (P.O. Box Number is Not Acceptable) City	BUNTING	RRENDA A		Name				·	
E. 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 SIGNATURE Signature, typed or provided name of impatiental agent and size if applicable. (INOTE, Registered Agent segments recursed when remaining) DATE	540 SOUTH MAIN STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title # applicable.	522200	2.02,72.00.00							
SIGNATURE Signature, higher or printed name of ingustaered agent and title 8 applicable. (NOTE: Requisited Agent septiature recurred when remtature) DATE				City			FL Zip Cod	е	
Due by September 6, 2006	the obliga	tions of registered agent.				the State of Floric		and accept	
TITLE INAME INAME INTECT ADDRESS STREET AD									
MAME STREET ADDRESS TOM PICTS ON STREET ADDRESS STREET ADDRE	D	_			\$5.00 May Be Added to Fees				
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NAME PIERSON, TOM STREET ADDRESS 617 SE 12TH ST GITV-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE T NAME SCHOENFELD, RITA STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME SCHOENFELD, RITA STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE NAME STREET ADDRESS STREET ADDRES	10. TITLE NAME STREET ADDRESS CITY: ST-ZIP	OFFICERS AND DIRE P MEEKS, DAVID 132 SE 7TH STREET N BELLE GLADE, FL 33430	Trust Fund (CTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG Tom Pierson (17 SE 12	ES TO OFFICERS 2+L st.	a Department of S S AND DIRECTORS IN DA Change	tate	
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TITLE NAME SCHOENFELD, RITA SIREET ADDRESS CITY-SI-ZIP BELLE GLADE, FL 33430 TITLE NAME BUNTING, BRENDA SIREET ADDRESS 540 SOUTH MAIN STREET L Delete TITLE NAME STREET ADDRESS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MEEKS, DAVID 132 SE 7TH STREET N BELLE GLADE, FL 33430 1V LUTZ, KENNETH 301 NW AVE C BELLE GLADE, FL 33430 2VP PIERSON, TOM 617 SE 12TH ST	Trust Fund (CTORS Delete	Contribution.	Added to Fees ADDITIONS/CHANG Tom Pierson (17 SE 12 Balle Glada F IV Same Corbin Kar 148 SE JA	Florida ESTO OFFICERS n. 2+h st. 2 3343 c. S+ H.	A Department of S AND DIRECTORS IN A Change Change	tate 1 10 Addition	
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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 affect as if made under path, that larg an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MEEKS, DAVID 132 SE 7TH STREET N BELLE GLADE, FL 33430 1V LUTZ, KENNETH 301 NW AVE C BELLE GLADE, FL 33430 2VP PIERSON, TOM 617 SE 12TH ST BELLE GLADE, FL 33430 S NORMAN, DEBBIE PO BOX 1840 BELLE GLADE, FL 33430 T SCHOENFELD, RITA 400 GATOR BLVD	Trust Fund (CTORS Delete Delete Delete	Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG Tom Pierson (17 SE 12 Balle Glada, F Sama Corbin Kar 148 SE Sta Balle Glada, F Mocks Davi 132 SE Balle Glada, F	Floridi ES TO OFFICERS 12	A Department of S S AND DIRECTORS IN DA Change Change Change	t 10 Addition Addition Addition	

Indicated on this report of 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: Brinde Burtin	6-19-06	561-902-7207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dale	Daytime Phone #