


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 737597
1. Entity Name
BIRTH CONTROL CENTER, INC.



Principal Place of Business Mailing Address
**4574 E. MICHIGAN ST
ORLANDO, FL 32812** **4574 E. MICHIGAN ST
ORLANDO, FL 32812**

DO NOT WRITE IN THIS SPACE



02022008 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-1710117 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SOBIESKI, TAMMY
4574 E. MICHIGAN ST.
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reconstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000423329
02/18/06-80003-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SOBIESKI, TAMMY 4574 E. MICHIGAN ST ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOBIESKI, EVERETT 4574 E. MICHIGAN ST ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOBIESKI, ALICE 4574 E. MICHIGAN ST ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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: Everett Sobieski 2/2/06 407.243.6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #