2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741380

FILED Jan 22, 2006 Secretary of State

Entity Name: LEHIGH ACRES COLUMBIAN HOME, INC.

Current Principal Place of Business: New Principal Place of Business: 29 HOMESTEAD RD S 2514 LEE BLVD. LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33971 US **Current Mailing Address: New Mailing Address:** 29 HOMESTEAD RD S P.O. BOX 641 LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33971-064 US FEI Number: 59-1807233 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: SMITH, EDWARD A 2703 8TH ST. W LEHIGH ACRES, FL 33971 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ORZAPOWSKI, HENRY Name: Name: 612 GRAND VIEW CT. Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change () Addition GALANTE, VINCENT Name: Name: Address: 336 GARLAND CT. Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: Title: () Delete Title: () Change () Addition MCNULTY, JAMES Name: Name: 10624 BAYTREE CT. Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCHOLER, ROBERT Name: 10533 PUTNAM CT. Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, EDWARD A Name: Name: 2703 8TH ST. W Address: Address: LEHIGH ACRES, FL 33971 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition MUTTILLO, DOMINIC MAGUIRE, ROBERT F Name: Name: Address: 304 THOMPSON AVE Address: 1415 ALWYNNE DR. LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33936 City-St-Zip: 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: EDWARD A. SMITH PERS 01/22/2006