


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

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 752234</b> 1. Entity Name <b>THE FLORIDA PARAPLEGIC ASSOCIATION</b>	
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Principal Place of Business <b>DENNY R. WOOD</b> <b>13000 SW 92 AVE. B-403</b> <b>MIAMI, FL 33176 US</b>	Mailing Address <b>DENNY R. WOOD</b> <b>13000 SW 92 AVE. B-403</b> <b>MIAMI, FL 33176 US</b>
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**DO NOT WRITE IN THIS SPACE**



05112006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6194486</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WOOD, DENNY R</b> <b>13000 SW 92 AVE. B-403</b> <b>MIAMI, FL 33176</b>
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**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000564258</b> <b>05/20/06-80048-018 61.25</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GREGORY, DAMIAN</b> <b>11342 SW 163 ST.</b> <b>MIAMI, FL 33157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOOD, DENNY</b> <b>13000- SW 92ND AVE</b> <b>MIAMI, FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BURNETT, PEARL</b> <b>13080 ORTEGA LANE</b> <b>N. MIAMI, FL 33181</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BURNETT, MARJORIE</b> <b>21850 SW 103 CT. #301</b> <b>MIAMI, FL 33190</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LESNEE, ROBERT</b> <b>9841 SW 100 AVE</b> <b>MIAMI, FL 33176</b>
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:**

*Denny R. Wood Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-06*

Date

*305-256-9185*

Daytime Phone #