


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 752234	
1. Entity Name THE FLORIDA PARAPLEGIC ASSOCIATION	

Principal Place of Business DENNY R. WOOD 13000 SW 92 AVE. B-403 MIAMI, FL 33176 US	Mailing Address DENNY R. WOOD 13000 SW 92 AVE. B-403 MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



05112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6194486	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, DENNY R
13000 SW 92 AVE. B-403
MIAMI, FL 33176**

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 _____ DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000564258 05/20/06-80048-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, DAMIAN 11342 SW 163 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOD, DENNY 13000- SW 92ND AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURNETT, PEARL 13080 ORTEGA LANE N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNETT, MARJORIE 21850 SW 103 CT. #301 MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESNEE, ROBERT 9841 SW 100 AVE MIAMI, FL 33176
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 4-28-06 305-256-9185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #