2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# 752332

Entity Name: THE TREASURES OF CAPRI ASSOCIATION, INC.

Current Principal Place of Business:

5901 SUN BLVD
STE 203
SAINT PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
STE 203
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-2084478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, WILLIAM
5901 SUN BLVD
SUITE 203
SAINT PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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:

Title: VPD ( ) Delete
Name: ROWDEN, PAUL
Address: 5901 SUN BLVD
City-St-Zip: ST ETERSBURG, FL 33715

Title: SD ( ) Delete
Name: HAYES, MARY
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

Title: D ( ) Delete
Name: DASHMEN, FRED
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

Title: D ( ) Delete
Name: BENNINGTON, BILL
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

Title: VPD ( ) Delete
Name: MULVEY, MARTY
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33706

Title: PD ( ) Delete
Name: MATHER, CAROLYN
Address: 255 CAPRI CIRCLE # 27
City-St-Zip: TREASURE ISLAND, FL 37706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MUINO, BARBARA
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

Title: D (X) Change ( ) Addition
Name: CASTELLANA, DONNA
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33715

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MULVEY, MARTY
Address: 5901 SUN BLVD
City-St-Zip: ST PETERSBURG, FL 33706

Title: ( ) Change ( ) Addition
Name:
Address:
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: CAROL MATHER P 01/10/2006

Electronic Signature of Signing Officer or Director — Date