2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# 758352

Entity Name: SIX THOUSAND ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2112696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: MCLEAR, WILLIAM DR
Address: 6000 SAN JOSE BLVD., #3B
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD ( ) Delete
Name: PALMER, ROGER
Address: 6000 SAN JOSE BLVD #11E
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD ( ) Delete
Name: RODON, ANTHONY
Address: 6000 SAN JOSE BLVD # 7F
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD ( ) Delete
Name: HOFFENBERG, BEN
Address: 6000 SAN JOSE BLVD. #4F
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: RUST, SUE
Address: 6000 SAN JOSE BLVD # 11B
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: SMITH, SHIRLEY
Address: 6000 SAN JOSE BLVD #1F
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCLEAR, WILLIAM DR
Address: 6000 SAN JOSE BLVD., #3B
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD (X) Change ( ) Addition
Name: PALMER, ROGER
Address: 6000 SAN JOSE BLVD #11E
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD (X) Change ( ) Addition
Name: RODON, ANTHONY
Address: 6000 SAN JOSE BLVD # 7F
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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: ROBER PALMER PD 03/30/2006

Electronic Signature of Signing Officer or Director — Date