


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 758673 1. Entity Name FULL CIRCLE CO-OP, INC.	
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Principal Place of Business 96 NW 6TH AVE BOCA RATON, FL 33432	Mailing Address 4563 BRADY BLVD. DELRAY BCH, FL 33445-3244 US
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03282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent RAIMAN, MICHAEL 4563 BRADY BLVD. DELRAY BEACH, FL 33445-3244

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, STEVE 551 N MILITARY TRAIL WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PILATO, MARIE 98 NW 6TH AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STREET, LORIANNE 254 NW 6TH AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMAN, MICHAEL 4563 BRADY BLVD. DELRAY BCH, FL 334453244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTTIMER, LYNN 4563 BRADY BLVD DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000487492
04/13/06-80075-020 61.25

**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: Michael Raiman 3/28/06 561-715-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #