


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 764078	
1. Entity Name NORTH SIDE ALLAN LANE, INC.	

Principal Place of Business P O BOX 510054 PO BOX 54 MELBOURNE BEACH FL 32951-054 US	Mailing Address 180 ALLAN LANE PO BOX 54 MELBOURNE BEACH FL 32951 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number 59-2221563	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDE, AUDREY 180 ALLAN LANE MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 re/instating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LINDE, AUDREY
STREET ADDRESS	180 ALLAN LN
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	DRAPER, DONALD
STREET ADDRESS	140 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input type="checkbox"/> Delete
NAME	CLARK, WAYNE
STREET ADDRESS	260 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input type="checkbox"/> Delete
NAME	PAZDERAK, SONA
STREET ADDRESS	160 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input type="checkbox"/> Delete
NAME	PERRY, CHRIS
STREET ADDRESS	290 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	<input type="checkbox"/> Delete
NAME	TRAFALIS, HARRY
STREET ADDRESS	310 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	
STREET ADDRESS	UN00000534028
CITY-ST-ZIP	05/06/06-80146-018 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Audrey M. Linde* **AUDREY M. LINDE** 4-22-06 (321) 727-7236