


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

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

<b>DOCUMENT # 764078</b> 1. Entity Name <b>NORTH SIDE ALLAN LANE, INC.</b>	
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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	4. FEI Number <b>59-2221563</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
Country	Country	1st MOORE CR2E037 (10/05)

**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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	NAME	<input type="checkbox"/> Delete
T	LINDE, AUDREY	<input type="checkbox"/>
STREET ADDRESS: 180 ALLAN LN		
CITY-ST-ZIP: MELBOURNE BEACH FL		
P	DRAPER, DONALD	<input type="checkbox"/>
STREET ADDRESS: 140 ALLAN LANE		
CITY-ST-ZIP: MELBOURNE BEACH FL 32951		
D	CLARK, WAYNE	<input type="checkbox"/>
STREET ADDRESS: 260 ALLAN LANE		
CITY-ST-ZIP: MELBOURNE BEACH FL 32951		
S	PAZDERAK, SONA	<input type="checkbox"/>
STREET ADDRESS: 160 ALLAN LANE		
CITY-ST-ZIP: MELBOURNE BEACH FL 32951		
D	PERRY, CHRIS	<input type="checkbox"/>
STREET ADDRESS: 290 ALLAN LANE		
CITY-ST-ZIP: MELBOURNE BEACH FL 32951		
D	TRAFALIS, HARRY	<input type="checkbox"/>
STREET ADDRESS: 310 ALLAN LANE		
CITY-ST-ZIP: MELBOURNE BEACH FL 32951		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Add/In
		<input type="checkbox"/>	<input type="checkbox"/>
U00000534028 05/06/06-80146-018 61.25			

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**