2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# 766010

Entity Name: THE LUPUS SUPPORT NETWORK, INC.

Current Principal Place of Business:

1108 AIRPORT BLVD
C
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

PO BOX 17841
PENSACOLA, FL 32522

New Mailing Address:

FEI Number: 59-2269094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGERSINGER, WANDA
5384 HARMONY LN.
GULF BREEZE, FL 32563 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: PRES ( ) Delete
Name: WILLIAMS, VIOLA
Address: 139 BERKLEY DR.
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete
Name: JOANN, RACH
Address: 635 NIX RD.
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: SMITH, PATSY
Address: 4315 HICKORY SHORES BLVD.
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: FLEMING, FLETCHER
Address: 226 PALAFOX PLACE
City-St-Zip: PENSACOLA, FL 32502

Title: D ( ) Delete
Name: ALEXANDER, TERRY
Address: 6444 MEMPHIS AVE
City-St-Zip: PENSACOLA, FL 32526

Title: TREA ( ) Delete
Name: SCHULTE, CHRIS
Address: 1108 D AIRPORT BLVD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WANDA M. ARGERSINGER ED 02/10/2006

Electronic Signature of Signing Officer or Director — Date