

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768253

FILED
Apr 11, 2006
Secretary of State

Entity Name: OCTAGON SEQUENCE OF EIGHT, INC.

Current Principal Place of Business:

41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 US

New Mailing Address:

FEI Number: 59-2298305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARON, PETER O.
41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

CARON, LAURI A.
41660 HORSESHOE RD.
PUNTA GORDA, FL 33982 US

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: LAURI A. CARON

04/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CARON, PETER O C
Address: 41660 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D () Delete
Name: RUEDI, DR. DIETER D
Address: 13102 STATE ROAD 80
City-St-Zip: EAST FORT MYERS, FL 33905 US

Title: D () Delete
Name: HOERNER, TOM D
Address: 18138 ADAMS CIRCLE
City-St-Zip: FORT MYERS, FL 33912 US

Title: P () Delete
Name: CARON, LAURI A P
Address: 41660 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: D () Delete
Name: CARON, MILDRED D
Address: 3814 SE 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: S () Delete
Name: DEFALCO, IDA L S
Address: 3057 GRAND AVE
City-St-Zip: FORT MYERS, FL 33901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CARON, LAURI A C
Address: 41660 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982 US

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

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

Title: P (X) Change () Addition
Name: LOEWEL, CHARLOTTE P
Address: 41570 HORSESHOE RD
City-St-Zip: PUNTA GORDA, FL 33982 US

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: LAURI A. CARON

C

04/11/2006

Electronic Signature of Signing Officer or Director

Date