2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# F02000002385

Entity Name: EDMUNDS PROGRAMS FOR HUMAN SERVICES, INCORPORATED

Current Principal Place of Business:

3138 CAMELOT DR.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421436
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 38-2947606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDMUNDS, JAMILA DR.
3138 CAMELOT DR.
HAINES CITY, FL 33844 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: C ( ) Delete
Name: MORROW, JENNIFER
Address: 1025 MORNING STAR DR.
City-St-Zip: LAKELAND, FL 33810

Title: SEC. ( ) Delete
Name: EDMUNDS, THOMAS J 11
Address: P.O.BOX 421436
City-St-Zip: KISSIMMEE, FL 34742

Title: CEO ( ) Delete
Name: EDMUNDS, JAMILA DR.
Address: P.O.BOX 421436
City-St-Zip: KISSIMMEE, FL 34742

Title: T ( ) Delete
Name: DOBBON, KATHERINE
Address: 4940 WILD FLOWER DR.
City-St-Zip: LAKELAND, FL 33811

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:

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: JAMILA EDMUNDS CEO 04/21/2007
Electronic Signature of Signing Officer or Director — Date