2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# F02000002912

Entity Name: FAMLI FIRST, INC.

Current Principal Place of Business:

3210 SKIPWITH RD STE. B
RICHMOND, VA 23294

New Principal Place of Business:

Current Mailing Address:

2301 WEST SAMPLE ROAD
BLDG 3, SUITE 4A
POMPANO BEACH, FL 33073

New Mailing Address:

FEI Number: 54-1623646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, DAWN M
2301 WEST SAMPLE ROAD
BLDG 3, SUITE 4A
POMPANO BEACH, FL 33073 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: DR. ( ) Delete
Name: SULLIVAN, JOHN P JR
Address: 3210 SKIPWITH RD -SUITE B
City-St-Zip: RICHMOND, VA 23294

Title: MR. ( ) Delete
Name: ULRICH, DAVID
Address: 3210 SKIPWITH RD -SUITE B
City-St-Zip: RICHMOND, VA 23294

Title: D ( ) Delete
Name: RITTER, VICKI
Address: 3210 SKIPWITH RD -SUITE B
City-St-Zip: RICHMOND, VA 23294

Title: D ( ) Delete
Name: SARFO-KANTANKA, NANA
Address: 3210 SKIPWITH RD- SUITE B
City-St-Zip: RICHMOND, VA 23294

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: JOHN PATRICK SULLIVAN DR. 01/16/2006

Electronic Signature of Signing Officer or Director — Date