

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000954

FILED
May 17, 2006
Secretary of State

Entity Name: NATIONAL AFRICAN AMERICAN TOBACCO PREVENTION NETWORK INC.

Current Principal Place of Business:

735 PRIMERA BLVD
120
LAKE MARY, FL 32746

New Principal Place of Business:

4044 W. LAKE MARY BLVD
SUITE 104 PMB 316
LAKE MARY, FL 32746

Current Mailing Address:

735 PRIMERA BLVD
120
LAKE MARY, FL 32746

New Mailing Address:

4044 W. LAKE MARY BLVD
SUITE 104 PMB 316
LAKE MARY, FL 32746

FEI Number: 56-2211875 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHERRI WATSON HYDE
434 LAKE SHORE DRIVE
LAKE MARY, FL 32746 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: ROBINSON, WILLIAM S
Address: 720-B TEMPLE ROAD
City-St-Zip: LADSON, SC 29456

Title: VCS () Delete
Name: REYNOLDS, DEBBIE
Address: 826 E. VAUGHN AVENUE
City-St-Zip: GILBERT, AZ 85234

Title: ED () Delete
Name: HYOE, SHERRI W
Address: 434 LAKE SHORE DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ED (X) Change () Addition
Name: HYDE, SHERRI W
Address: 434 LAKE SHORE DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: SHERRI WATSON HYDE

ED

05/17/2006

Electronic Signature of Signing Officer or Director

Date