



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90007 048 ****70.00

DOCUMENT # F04000000373 1. Entity Name REMEMBRANCE AND RECONCILIATION, INC.					
Principal Place of Business 1321 WEST FLETCHER AVENUE STE. B TAMPA, FL 33612				Mailing Address 1321 WEST FLETCHER AVENUE STE. B TAMPA, FL 33612	
2. Principal Place of Business 300 S. HYDE PARK AVE Suite, Apt. #, etc. Suite 150		3. Mailing Address 300 S. HYDE PARK AVE Suite, Apt. #, etc. Suite 150			
City & State TAMPA FL		City & State TAMPA FL		02162006 Chg-NP CR2E037 (11/05)	
Zip 33606		Country USA		4. FEI Number 38-3430786	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARTMAN, JOHN J PH.D 1321 WEST FLETCHER AVENUE STE. B TAMPA, FL 33612			7. Name and Address of New Registered Agent Name HARTMAN JOHN J PH.D. Street Address (P.O. Box Number is Not Acceptable) 300 S. HYDE PARK AVE. Suite 150 City TAMPA FL Zip Code 33606		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>John J. Hartman</u> <u>JOHN J. HARTMAN</u> <u>2-16-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDPT HARTMAN, JOHN J PH.D 1321 WEST FLETCHER AVENUE STE. B TAMPA, FL 33612 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADZILOWSKI, THADDEUS PH.D 3841 TALBOT DETROIT, MI 482122808 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZYMANSKI, MICHAEL 11903 JOSEPH CHAMPAU HAMTRAMCK, MI 48212 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAISSON, MICHAEL 150 W. JEFFERSON STE. 2500 DETROIT, MI 482264415 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMMEL, DAVID R 350 W. HUBBARD STE. 350 CHICAGO, IL 60610 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 S. HYDE PARK AVE., STE 150 TAMPA FL 33606					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John J. Hartman</u> <u>JOHN J. HARTMAN</u> <u>2-16-06</u> <u>813-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					