2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005323

Entity Name: ASSIMILATE OF SOUTH FLORIDA, INC.

FILED Mar 24, 2006 Secretary of State

Current Pri	ncipal Place o	of Business:	New Princi	New Principal Place of Business:			
7124 ABBOTT AVE MIAMI BEACH, FL 331413049				1360 STILLWATER DR MIAMI BEACH, FL 33141			
Current Mailing Address:			New Mailir	New Mailing Address:			
SUITE 129	MS AVENUE LE, AL 35801						
FEI Number: 2	20-1272529	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status De	esired ()	
Name and A	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
A1A REGIS 92 SADBER QUINCY, FL							
The above r in the State		bmits this statement for the pur	pose of changing it	s registered o	office or registered ago	ent, or both,	
SIGNATUR	E:						
	Electronic	Signature of Registered Agent			Date		
Election Camp	paign Financing 1	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MEADLOCK, JAN	KEY DRIVE E704	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	CEOD () C EDSON, JEFFRE 20210 LA PALOM SARATOGA, CA	1A AVE.	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	VD () C HUISMA, GERK F 9801 CJ ZUIDHO THE NETHERLAN	RN	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () C MAZZINI, IGNACI 1360 STILLWATE MIAMI BEACH, FI	ER DR.	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	FRIZZELL, AGGII	A MONTE DRIVE	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	STD () C WILHOITE, JOHN 7707 FOXFIRE D HUNTSVILLE, AL	R.	Title: Name: Address: City-St-Zip:	STD (X WILHOITE, JO 5723 CHESTNI HOOVER, AL	UT TRACE		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. WILHOITE STD 03/24/2006