2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# F04000006106

Entity Name: AAA PARTNERS IN ADOPTION, INC.

Current Principal Place of Business:

5665 HIGHWAY 9, SUITE 103-351
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

5665 HIGHWAY 9, SUITE 103-351
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 58-2103879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAUSE, MELISSA
20 EAST HENRY COURT - NO. 5
SANTA ROSA BEACH, FL 32459 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: HARWOOD, STEVE
Address: 4680 HANSTEDT TRACE
City-St-Zip: ALPHARETTA, GA 30202

Title: VC ( ) Delete
Name: JACKSON, MARY ELLEN
Address: 281 CROSS GARE DRIVE
City-St-Zip: MARIETTA, GA 30068

Title: D ( ) Delete
Name: LIQUA, MAUREEN
Address: 520 WEATHERSTONE COURT
City-St-Zip: ALPHARETTA, GA 30004

Title: D ( ) Delete
Name: SIMMONS, BEVERLY
Address: 13 WOLLOW COURT
City-St-Zip: DALLAS, GA 30319

Title: D ( ) Delete
Name: WATKINS, CAMILLE
Address: 455 SHADOWOOD COURT
City-St-Zip: ROSWELL, GA 30075

Title: CEO ( ) Delete
Name: CLAUSE, MELISSA
Address: 5665 HWY 9, STE 103-351
City-St-Zip: ALPHARETTA, GA 30004

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:

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: MELISSA CLAUSE CEO 01/19/2006

Electronic Signature of Signing Officer or Director — Date