## 2006 FOR PROFIT CORPORATION

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DOCUMENT # F05000001576 1. Entity Name PROVIDENCE ASSOCIATES INC. LIBRARY PLANNERS CONSULTANTS				0.0	FILED 5 NOV 27 PM 4:08		
Principal Place of Business Mailing Address 488 MILL DRIVE SECOND FLOOR 488 MILL DRIVE SECO COTTONWOOD AZ 86326-5340 COTTONWOOD AZ 86					LUNITARY OF STATE		
2. Principal Place of Business 50 Starling St 3. Mailing Address 50 St County-bet R: 01+6+ A			Sterling St	MERI	ISTATEMEN	106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2	nd MOORE CR2E03	4 (4/06)	
City & State	Paut-her KI	City & State Pacific Let K 1			<sup>ber</sup> 75-1726928	Applied For Not Applicable	
Zip OLI		Zip OZFGU	Country USA			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
LEBIDA, ROGER AIA 915 MIDDLE RIVER DR. SUITE 404 FT. LAUDERDALE FL 33304			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City	<u> </u>	FL	Zip Code	
8. The above named entry 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 ROGER LEBIOA 11/106 DATE DATE							
FILE NOW !!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May B   DUE BY September 6, 2006 Interceive prior notice. Fee to file is \$150.00. 9. Election Campaign Financing Added to Fees							
10.	OFFICERS AND I		11.		I S/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME	CP WATERS, MARJORIE R	Delete	TITLE NAME			Change Addition	
STREET ADDRESS CITY+ST-ZIP	488 MILL DRIVE SECOND FLOOR COTTONWOOD AZ 86326-5340		STREET ADDRESS CITY - ST - ZIP		1000809604 8/0501040025	<b>4응</b> **550.00	
TITLE NAME STREET ADDRESS CITY - ST - ZP	DST WATERS, RICHARD L 488 MILL DRIVE SECOND FLOOR COTTONWOOD AZ 86326-5340	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		000809604 9/0601026006		
TITLE NAME STREET ADDRESS- CITY-ST-ZIP		Delete	TITLE NAME STREET ADDREES CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TIFLE NAME STREET ADDRESS CITY - ST - ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change Addition	
TITLE NAME STREET ADORESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change 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 607, 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. $k = h ey k$ $L$ , $w = h e^{-s}$							
SIGNATURE: 10/10/06 401/335-3864 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dure CTOR Date Doyons Prove #							