


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90087 048 ****70.00

DOCUMENT # F05000001833					
1. Entity Name COLLABROATIVE SOLUTIONS OF THE SOUTHEAST, INC.					
Principal Place of Business 5305 10TH COURT S BIRMINGHAM, AL 35222			Mailing Address PO BOX 130159 BIRMINGHAM, AL 35213		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 85-0485864	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input checked="" type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BADDLEY, TOM		NAME	Joanne J. Terrell	
STREET ADDRESS	2545 HIGHLAND AVE., SUITE 201		STREET ADDRESS	2836 46th Ave E	
CITY-ST-ZIP	BIRMINGHAM, AL 35205		CITY-ST-ZIP	Tuscaloosa, AL 35404	
TITLE	VC <input checked="" type="checkbox"/> Delete		TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, ERIC		NAME	Lewis Burks	
STREET ADDRESS	500 OFFICE PARK DRIVE, SUITE 300		STREET ADDRESS	PO Box 10247	
CITY-ST-ZIP	BIRMINGHAM, AL 35223		CITY-ST-ZIP	Birmingham, AL 35202	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERRELL, JOANN		NAME	Paul Romjue	
STREET ADDRESS	2836 46TH AVE E		STREET ADDRESS	3100 Highland Ave.	
CITY-ST-ZIP	TUSCALOOSA, AL 35404		CITY-ST-ZIP	Birmingham, AL 35205	
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	BURKS, LEWIS		NAME		
STREET ADDRESS	PO BOX 10247		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35202		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Joanne Terrell</i>			4-17-2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		