

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 20, 2006  
Secretary of State**

DOCUMENT# F98000004023

Entity Name: PLENTY INTERNATIONAL, INC.

**Current Principal Place of Business:**

25031 SW 129 COURT  
PRINCETON, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

25031 SW 129 COURT  
PRINCETON, FL 33032

**New Mailing Address:**

FEI Number: 23-7432298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'BANNON, PATRICIA M DR.  
25031 S.W. 129TH CT  
PRINCETON, FL 33032      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: DR.      ( ) Delete  
Name: O'BANNON, PATRICIA M DR.  
Address: 25031 SW 129 COURT  
City-St-Zip: PRINCETON, FL 33032

Title: D      ( ) Delete  
Name: KEATING, JEFF  
Address: 8952 S.W. 52ND STREET  
City-St-Zip: COOPER CITY, FL 33328

Title: PBD      ( ) Delete  
Name: WARTINGER, LISA  
Address: 22 HARPER ROAD  
City-St-Zip: SALINAS, CA 93908

Title: D      ( ) Delete  
Name: HEIKKALA, KAREN  
Address: 502 ARBOR LANE  
City-St-Zip: AUSTIN, TX 78745

Title: TBD      ( ) Delete  
Name: NELSON, CAROL  
Address: 107 DRAKES LANE  
City-St-Zip: SUMMERTOWN, TN 38483

Title: EDBD      ( ) Delete  
Name: SCHWEITZER, PETER  
Address: P.O. BOX 394  
City-St-Zip: SUMMERTOWN, TN 38483

**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: PATRICIA MELISE O'BANNON

DR.

02/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date