2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005632

FILED Jun 06, 2005 Secretary of State

Entity Name: CHARACTER COUNTS! IN JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

8808 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

8808 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

FEI Number: 59-3666756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SOUD, GINGER WILMOTH, KIM M 117 W DUVAL ST, #425 2317 BLANDING BLVD

JACKSONVILLE, FL 32202 US 206 JACKSONVILLE, FL 32210 US

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: KIM WILMOTH 06/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: P (X) Change () Addition

Name: ARNAIZ, ANA Name: PARKER, JOEL

 Address:
 2335 W 18TH ST
 Address:
 9096 STARPASS DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32256

Name: CATTO, SUZANNE C Name: JENKINS, TONY

Address: 4941 RIVER POINT ROAD Address: 4800 DEERWOOD CAMPUS PARKWAY BLDG#DC1-4

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete Title: D (X) Change () Addition

 Name:
 VARGAS, CLARK
 Name:
 CATTO, SUZANNE

 Address:
 4141 SOUTHPOINT DR. E.
 Address:
 4941 RIVER POINT ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: S () Delete Title: S (X) Change () Addition Name: DEAL, BOBBY LT. Name: CONYERS, HARRISON

Address: 501 EAST BAY STREET Address: 117 W. DUVAL STREET STE 175
City-St-Zip: JACKSONVILLE, FL 32202

Address: 501 EAST BAY STREET STE 175
City-St-Zip: JACKSONVILLE, FL 32202

Name: JENKINS, TONY Name: WILMOTH, KIM M

Address: 4800 DEERWOOD CAMPUS PKWY, BLDG # DCC104 Address: 2317 BLANDING BLVD #206
City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete Title: () Change () Addition

 Name:
 WILMOTH, KIM M
 Name:

 Address:
 6 EAST BAY STREET SUITE 375
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIM M WILMOTH T 06/06/2005