

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005774

FILED
Jan 05, 2006
Secretary of State

Entity Name: ZOSCHNICK GROUP HOME, INC.

Current Principal Place of Business:

3759 NW 91 LANE
SUNRISE, FL 33351

New Principal Place of Business:

10515 NW 31 CT
SUNRISE, FL 33351

Current Mailing Address:

3759 NW 91 LANE
SUNRISE, FL 33351

New Mailing Address:

10515 NW 31 CT
SUNRISE, FL 33351

FEI Number: 65-1033627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOSCHNICK, MATTHEW
3759 NW 91 LANE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

ZOSCHNICK, MATTHEW
10515 NW 31 CT
SUNRISE, FL 33351 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:

01/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZOSCHNICK, MATTHEW
Address: 3759 NW 91 LANE
City-St-Zip: SUNRISE, FL 33351

Title: VD () Delete
Name: CUSHMAN, CAROLYN
Address: 3759 NW 91 LANE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: KOSTER, MARCELLO
Address: 3161 W OAKLAND PARK BLVD #5
City-St-Zip: OAKLAND PARK, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZOSCHNICK, MATTHEW
Address: 10515 NW 31 CT
City-St-Zip: SUNRISE, FL 33351

Title: VD (X) Change () Addition
Name: CUSHMAN, CAROLYN
Address: 10515 NW 31 CT
City-St-Zip: SUNRISE, FL 33351

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: MATTHEW ZOSCHNICK

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date