


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name	N01000003075	
AMERICAN RANGERS TEEN CONSERVATION CORPS, INC.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3757 Sheridan Avenue Suite, Apt. #, etc.	3. Mailing Address The same Suite, Apt. #, etc.
---	---

City & State Miami Beach, Florida	City & State
Zip 33140	Country

4. FEI Number 65-1102306	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)	
1840 Coral Way, 4th Floor	
City	Miami
FL	Zip Code 33145

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	--	------

FEE IS \$61.25 Initial or Amended UBR
--

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

Make Check Payable to Florida Department of State
--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Kenneth Forrest 3757 Sheridan Ave. Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judith Shephard 3757 Sheridan Ave., Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300074509813 05/12/06--01014--015 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Shephard 3757 Sheridan Ave., Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Kenneth E. Forrest</i>	KENNETH E. FORREST	20 APR 06	305 673-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
06 APR 24 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA