2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006151

Entity Name: SAY THE NAME INC.

FILED Jun 10, 2006 Secretary of State

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

1639 IMPERIAL PALM DR. 575 DUNMAR CIRCLE

APOPKA, FL 32712 WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

1639 IMPERIAL PALM DR. 575 DUNMAR CIRCLE

APOPKA, FL 32712 WINTER SPRINGS, FL 32708

FEI Number: 59-3741501 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:

MUNIZZI, DANIEL S SR.

1639 IMPERIAL PALM DRIVE
APOPKA, FL 32712 US

MUNIZZI, DANIEL S SR.
575 DUNMAR CIRCLE
WINTER SPRINGS, FL 32708 US

APOPKA, FL 32/12 US WINTER SPRINGS, FL 32/08 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: DANIEL S. MUNIZZI 06/10/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MUNIZZI, DANIEL S SR. Name: MUNIZZI, DANIEL S SR.

Address: 1639 IMPERIAL PALM DRIVE Address: 575 DUNMAR CIRCLE
City-St-Zip: APOPKA, FL 32712 City-St-Zip: WINTER SPRINGS, FL 32708

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

 Name:
 MUNIZZI, MARTHA D
 Name:
 MUNIZZI, MARTHA D

 Address:
 1639 IMPERIAL PALM DRIVE
 Address:
 575 DUNMAR CIRCLE

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: TD () Delete Title: () Change () Addition

 Name:
 FREDERICK, FAITH
 Name:

 Address:
 210 N BUMBY AVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32813
 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: MARTHA D. MUNIZZI VD 06/10/2006