2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006
Secretary of State

DOCUMENT# N01000006723

Entity Name: FAMILY AND FRIENDS UNITED, INC.

Current Principal Place of Business:

8536 PECONIS DR
ORLANDO, FL 32835

New Principal Place of Business:

771 SOUTH KIRKMAN RD.
SUITE 112
ORLANDO, FL 32861

Current Mailing Address:

PO BOX 680642
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 04-3662317 **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:

WARNER, SHARON D
8536 PECONIC DR
ORLANDO, FL 32835 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: P ( ) Delete
Name: WARNER, SHARON D
Address: 8536 PECONIC DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: T (X) Delete
Name: PARKS, JACKIE
Address: 7358 RIVERSIDE PL
City-St-Zip: ORLANDO, FL 32810

Title: V (X) Delete
Name: JOSEPH, CORETTA
Address: 440 MEDALLION DR APT 816
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WARNER, SHARON D
Address: 8536 PECONIC DRIVE
City-St-Zip: ORLANDO, FL 32835

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: SHARON WARNER D 08/30/2006

Electronic Signature of Signing Officer or Director — Date