

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90185 014 \*\*\*\*61.25

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04122006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N01000009025</b> 1. Entity Name <b>FRANCHISOR ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business 1801 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33409			Mailing Address 1801 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33409		
2. Principal Place of Business <b>2121 VISTA PARKWAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>2121 VISTA PARKWAY</b> Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>41-2042727</b>	
Zip <b>33411</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARY, DAVID E</b> <b>1801 AUSTRALIAN AVE. SOUTH</b> <b>WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name <b>CARY, DAVID G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 VISTA PARKWAY</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33411</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TITUS, RAY <input type="checkbox"/> Delete 1801 AUSTRALIAN AVE. SOUTH WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITUS, RAY 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MACKS, KEN 1300 NW 17TH AVE, SUITE 170 DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARKS, KEN 1300 NW 17TH AVE, SUITE 170 DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HUTCHESON, KENNETH 4407 VINELAND ROAD - SUITE D-15 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT <input type="checkbox"/> Delete SPOHN, RICHARD 5350 NW 35TH AVE. FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input type="checkbox"/> Delete CARY, DAVID 1801 AUSTRALIAN AVENUE WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARY, DAVID 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/17/06</b> Daytime Phone # _____					