

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000770

FILED
Jan 30, 2007
Secretary of State

Entity Name: A FAMILY FOCUS, INC.

Current Principal Place of Business:

240 N FREDERICK
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

240 N FREDERICK
SUITE B
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 04-3600868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PT () Delete
Name: KEIRSTEAD, PETER
Address: 651 MARISOL DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VS () Delete
Name: KEIRSTEAD, SHAYLAN
Address: 651 MARISOL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: DUFOE, JAMES
Address: 1366 N. DEXTER DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: ASST () Delete
Name: SHULTZ, CHRISTINA
Address: 550 MAGNOLIA DR.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: NIXON, JULIE M
Address: 3620 CAMEL AVE #55
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUFOE, JAMES
Address: 1366 N. DEXTER DR. E
City-St-Zip: PORT ORANGE, FL 32128

Title: ASST (X) Change () Addition
Name: SHULTZ, CHRISTINA
Address: 2272 GARFIELD DR
City-St-Zip: SOUTH DAYTONA, FL 32119

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: PETER KEIRSTEAD

PT

01/30/2007

Electronic Signature of Signing Officer or Director

Date