2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N02000002020

Entity Name: FAMILY SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

900 HUNGTINGTON ROAD
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

900 HUNGTINGTON ROAD
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: 56-2327242 **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:

ASHE, PAMALA P
116 OAK STREET
LAKE COMO, FL 32157 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: T ( ) Delete
Name: WALKER, GERALD
Address: 749 JUNCTION RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: SD ( ) Delete
Name: WHIPPLE, RANDOLPH
Address: 635 ELDORANDO ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete
Name: EVVINE, SHELTON
Address: P.O.BOX 453
City-St-Zip: LAKE COMO, FL 32157

Title: D ( ) Delete
Name: JOHNSON, VALTINAE L
Address: 103 PINE FOREST CIRCLE
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: WHIPPLE, ZANETA
Address: 635 ELDORANDO ST
City-St-Zip: DAYTONA BEACH, FL 32114

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 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 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: PAMALA ASHE P 05/06/2005
Electronic Signature of Signing Officer or Director — Date