2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# N02000002364

Entity Name: MICHAEL TROJNAR SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

13810 SUTTON PARK DRIVE NORTH, #522
JACKSONVILLE, FL 32224

New Principal Place of Business:

13042 ROCKY RIVER RD N
JACKSONVILLE, FL 32224

Current Mailing Address:

13810 SUTTON PARK DRIVE NORTH, #522
JACKSONVILLE, FL 32224

New Mailing Address:

13042 ROCKY RIVER RD N
JACKSONVILLE, FL 32224

FEI Number: 01-0652846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAVRICA, BRENDON M
13042 ROCKY RIVER RD N
JACKSONVILLE, FL 32224 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: VD ( ) Delete
Name: TROJNAR, NICOLE
Address: 13810 SUTTON PARK DR. N., #522
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD ( ) Delete
Name: STROUGH, DOUGLAS
Address: 13882 HANOVER PARK CT.
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: VAVRICA, BRENDON
Address: 13042 ROCKY RIVER RD N
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: TROJNAR, NICOLE
Address: 13502 STONE POND DR.
City-St-Zip: JACKSONVILLE, FL 32224

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: BRENDON VAVRICA D 03/16/2006
Electronic Signature of Signing Officer or Director — Date