

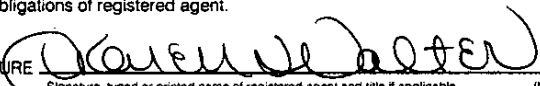
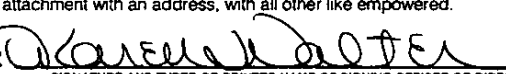


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 036 ****70.00

DOCUMENT # N02000004341 1. Entity Name DO THE RIGHT THING OF TEMPLE TERRACE, INC.					
Principal Place of Business 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617			Mailing Address 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0548002	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUBORD, LISA L 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617				7. Name and Address of New Registered Agent Name KAREN WALTER Street Address (P.O. Box Number is Not Acceptable) 11250 N. 56TH ST. City TEMPLE TERRACE FL 33617	
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  DIRECTOR <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 04/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELONG, A.L. 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBORD, LISA L 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete		D CARL AVARI-COOPER 11250 N. 56TH ST. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, KAREN 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVANUS, GREG 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete		D MANUEL SANTANA 11250 N. 56TH ST. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
SIGNATURE:  KAREN WALTER, DIRECTOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 04/24/06 (813) 989-7046 <small>Date Daytime Phone #</small>	