2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004378

Entity Name: ENCYCLIA ENTILLISIASTS I

FILED May 04, 2006 Secretary of State

Entity Nar	me: ENCYCLIA ENTHUSIASTS, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
4070 LAKE NAPLES, F	EWOOD BLVD. FL 34112			
Current Mailing Address:		New Maili	New Mailing Address:	
4070 LAKEWOOD BLVD NAPLES, FL 34112				
In accordan	: 01-0716444 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:			
	STEWART A EWOOD BLVD FL 34112 US			
	named entity submits this statement for the pue of Florida.	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agen	it	 Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete CHIPKA, STEWART A 2748 SANTA BARBARA BLVD #7 NAPLES, FL 34116	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CHIPKA, STEWART A 4070 LAKEWOOD BLVD NAPLES, FL 34112 US	
Title: Name: Address: City-St-Zip:	VP1D () Delete UNGER, RICHARD 3450 N. KILBOURN CHICAGO, IL 60641	Title: Name: Address: City-St-Zip:	VP1D (X) Change () Addition UNGER, RICHARD 3450 N. KILBOURN CHICAGO, IL 60641 US	
Title: Name: Address: City-St-Zip:	VP2 () Delete PORLICK, MARY LOU 1822 S.W. 62 PL MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP3D () Delete WOLFE, REBECCA 173 S. HAMPTON DR. JUPITER, FL 33458	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete LOPATIN, ISABEL 13 PINE ST COLD SPRING, NY 10516	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete LOPATIN, ISABEL 13 PINE ST COLD SPRING, NY 10516	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STEWART A CHIPKA PD 05/04/2006