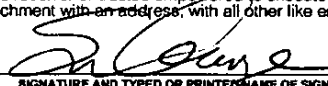


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90103 004 ****61.25

DOCUMENT # N02000004572 1. Entity Name DAUGHTERS OF NAOMI, INC.					
Principal Place of Business 665 HOWARD ST FT PIERCE, FL 34982				Mailing Address 665 HOWARD ST FT PIERCE, FL 34982	
2. Principal Place of Business		3. Mailing Address		 04132006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 11-3643449				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DC GEORGE, STUART W DVM 665 HOWARD ST FT PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, KRISTI 151 PALM DRIVE #108 PORT ST. LUCIE, FL 34986	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEORGE, SANDRA D 665 HOWARD ST FT PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LISA 839 SW GRAND RESERVE BND. PORT ST. LUCIE, FL 34986	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAIN, KATHY 816 ALACIA RD VERO BEACH, FL 32963	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND-KNIB, CATHY 3401 N AIA PORT PIERCE, FL 34949	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KEN 25 1ST CT SW VERO BEACH, FL 32962	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, TRACY 2367 WINDSOR WAY BARTESVILLE, OK 74006	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANSON, JOLYNN 7993 SADDLEBROOK DR PORT ST. LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGERS, CRAIG 1204 SW DEL RIO BLVD PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  4-13-06 772-828-9137					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					