2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N02000005151

Entity Name: A LEGACY OF AMERICA, INC.

Current Principal Place of Business:

829 FIRST STREET SOUTH #2F
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

829 FIRST STREET SOUTH #2F
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

P.O. BOX 51137
JACKSONVILLE BEACH, FL 322401137

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORSTER, CYNTHIA L DIR
829 FIRST STREET SOUTH #2F
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

FORSTER, CYNTHIA L DIR
P.O. BOX 51137
JACKSONVILLE BEACH, FL 32240 US

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: 01/12/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORSTER, CYNTHIA L
Address: 829 FIRST STREET SOUTH #2F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: CHINCHAR, MICHAEL
Address: 829 FIRST STREET SOUTH #2F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: KEY, ALYSSA
Address: 829 FIRST STREET SOUTH #2F
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CYNTHIA FORSTER DIR 01/12/2005
Electronic Signature of Signing Officer or Director — Date