

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005574

FILED
Jan 13, 2006
Secretary of State

Entity Name: DWELLING PLACE, INC.

Current Principal Place of Business:

410 COUNTY LINE ROAD WEST
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

410 COUNTY LINE ROAD WEST
LUTZ, FL 33548

New Mailing Address:

FEI Number: 02-0642123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROST, EDWIN
410 COUNTY LINE ROAD WEST
LUTZ, FL 33548 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: D () Delete
Name: FROST, EDWIN
Address: 410 COUNTY LINE ROAD WEST
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: FROST, JACK
Address: 2443 LAUDELDAL DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: CIPHER, RICHARD
Address: 24737 SILVERSMITH DR
City-St-Zip: LUTZ, FL 33559

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 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: EDWIN FROST

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date