2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FRIENDS ALONG THE ROAD, INC.

Current Principal Place of Business:

4725 BARKLEY CIRCLE #1
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PMB 102
13401-9 SUMMERLIN RD
FORT MYERS, FL 339196593

New Mailing Address:

FEI Number: 13-4207135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, DAVID D JR.
4725 BARKLEY CIRCLE #1
FORT MYERS, FL 33907 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: P ( ) Delete
Name: PIERCE, DAVID D JR.
Address: 4725 BARKLEY CIRCLE #1
City-St-Zip: FORT MYERS, FL 33907

Title: VPES ( ) Delete
Name: DE VIVO, GIULIA
Address: VIA VISINTIN, 41
City-St-Zip: NOVARA, ITALY, I-2810

Title: ST ( ) Delete
Name: PIERCE, JUDITH A
Address: 4725 BARKLEY CIRCLE #1
City-St-Zip: FORT MYERS, FL 33907

Title: 2VP ( ) Delete
Name: BOCKSCH, SHAUNA
Address: 93 SISKIN LANE, P.O. BOX 893
City-St-Zip: FRISCO, CO 80443

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: PIERCE, JUDITH A
Address: 4725 BARKLEY CIRCLE #1
City-St-Zip: FORT MYERS, FL 33907

Title: 1VP (X) Change ( ) Addition
Name: BOCKSCH, SHAUNA
Address: 93 SISKIN LANE, P.O. BOX 893
City-St-Zip: FRISCO, CO 80443

Title: 2VP (X) Change ( ) Addition
Name: DE VIVO, GIULIA
Address: VIA VISINTIN, 41
City-St-Zip: NOVARA, ITALY, OC I-28100

Title: 3VP ( ) Change (X) Addition
Name: GRAHAM, J. CHRISTOPHER
Address: 8805 SW DILWORTH ROAD
City-St-Zip: VASHON, WA 98070

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: DAVID D. PIERCE, JR. P 04/07/2006

Electronic Signature of Signing Officer or Director — Date