2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N02000006837 1. Entity Name SDS ASSOCIATION, INC. Principal Place of Business 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236 Mailing Address 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236

FILED Mar 22, 2006 08:00 A Secretary of State



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6. Name and Address of Current Registered Agent

03152006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For 02-0420690 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DAHLGAARD, ERIK 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236

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	named entity submits this statement for the plons of registered agent.	purpose of changing its registered	office or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered.	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	U00000477746 04/06/06-80063-015 61.25
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTAFSON, ROBERT L 140 TEN ROD ROAD ROCHESTER, NH 03867		· All official and		
TITLE NAME STREET ADDRESS CITY-ST-ZF	TD BEHRE, JOSEPH 5 THOMAS STREET ROCHESTER, NH 03867				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAHLGAARD, ERIK 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this on this report is true	filing does not qualify for the exe and accurate and that my signatu	mptions co ire shall ha	ntained in Chapter 119 ve the same legal effec	Rorida Statutes. I further certify that the information as if made under oath; that I am an officer or director.

indicated on this reportant 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.

SIGN	TURE	
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SIGNATURE AND THE DOT PRINTED NAME OF SIGNING OFFICER

President

3/17/06

603-332-2333

He .

Daytime Phone is