


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008359		
1. Entity Name FAMILY SERVICES OF METRO ORLANDO, INC.		

Principal Place of Business 2600 TECHNOLOGY DRIVE SUITE 250 ORLANDO, FL 32804	Mailing Address 2600 TECHNOLOGY DRIVE SUITE 250 ORLANDO, FL 32804
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent BOYETTE, WADE 1380 GRAND HIGHWAY CLERMONT, FL 34711	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Applicable)	
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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINNOTT, MARTIN 122 S. MICHIGAN AVENUE, SUITE 1500 CHICAGO, IL 60603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SAVAGE, THURSDAY 2600 TECHNOLOGY DRIVE #250 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHM KOCH-HARE, SHAWNA 315 EAST ROBINSON ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PARADIS, BRIAN 2400 BEDFORD ROAD ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FERREIRA, JOE REV. 112 WESTWOOD DRIVE LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WERNER, PAT 2301 MAITLAND CENTER PARKWAY, SUITE 250 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, NANCY 63 RILEY ROAD CELEBRATION, FL 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, MARGIE 1455 LONDRA LANE KISSIMMEE, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHM KOCH-HARE, SHAWNA 375 DUBSDREAD ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ASWAD "OZZIE" 3149 WHISPER LAKE LANE, UNIT H WINTER PARK, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOHN 5422 MONTERREY CLUB COURT WINDEMERE, FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCZO-SANTIAGO, MARTA 2758 EAGLE RIDGE LOOP KISSIMMEE, FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/06 Daytime Phone #: 907.398.7925

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Attachment to 2006 Not-for-Profit Corporation Annual Report
 FAMILY SERVICES OF METRO ORLANDO, INC.
 DOCUMENT # N02000008359

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	QUINONES, JUAN PABLO
STREET ADD	1600 NEWCHAPEL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	LaBARGE, MARGE
STREET ADD	445 WEST AMELIA STREET, 7TH FLOOR
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
NAME	KURTH, GREGORY
STREET ADDRESS	2600 TECHNOLOGY DRIVE, SUITE 250
CITY-ST-ZIP	ORLANDO, FL 32804