2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90757 001 ***175.00 DOCUMENT # N02000009329 04-24-2006 90757 002 ***105.00 COMMUNITY PARTNERSHIP GROUP, INC. Principal Place of Business Mailing Address 66011849 2001 W BLUE HERON BLVD 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chg-NP CR2E037 (11/05) 4. FEI Number 13-4252845 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORBETT, JOHN 2001 W BLUE HERON BLVD Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH, FL 33404 City Zip Code FŁ 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 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORBETT, JOHN NAME NAME 2001 W BLUE HERON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change Addition MCNAMARA, PATRICK J LCSW NAME NAME 2001 W BLUE HERON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition KNEIP, ROBERT C NAME NAME 2001 W BLUE HERON BLVD STREET ADDRESS STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP

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 in charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED