

FILED
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Secretary of State

03-28-2006 90254 001 ***131.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000347

1. Entity Name
SOARING-N-HIM, INC.



66007455

Principal Place of Business
3839 NORTH MONROE ST
SUITE 7 AND SUITE 8
TALLAHASSEE, FL 32303

Mailing Address
3839 NORTH MONROE ST
SUITE 7 AND SUITE 8
TALLAHASSEE, FL 32303



01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
P.O. Box 10361
Suite, Apt. #, etc.

3. Mailing Address
PO Box 10361
Suite, Apt. #, etc.

4. FEI Number
05-0548657
Applied For
Not Applicable

City & State
Tallahassee, FL

City & State
Tallahassee FL

Zip
32302

Country
LEON

Zip
32302

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PRATHER, SR, ANTHONY J
2815 BOTANY PLACE
TALLAHASSEE, FL 32301

1201 ELBERTA DRIVE
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 Anthony Prather ANTHONY J. PRATHER 3/19/06
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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRATHER, SR, ANTHONY J 2815 BOTANY PLACE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRATHER, JANICE 2815 BOTANY PLACE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PYE, SHERRY A 6168 GREENON LANCE TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MELTON, AMARANTHA 3535 ROBERTS AVE #279 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MELTON, DEXTER 3535 ROBERTS AVE #279 TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MELTON, DONNA 3200 GINGER DR, APT D TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRATHER SR, ANTHONY J 1201 ELBERTA DRIVE TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Christene King 3045 Rain Valley Circle Tallahassee FL 32308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Melton, Amarantha 1637 Kelly St Tallahassee FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Julia Bundage 1410B Shallow Brook Tallahassee FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Kevin Bundage 1410B Shallow Brook Tallahassee FL 32301 <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: Anthony Prather 3/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #