

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004621

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: WAGE PEACE, INC.

**Current Principal Place of Business:**

7405 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

7405 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 01-0792815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARLIN, DORIS A  
6339 POTTSBERG PLANTATION BLVD.  
JACKSONVILLE, FL 32216 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: MARLIN, DORIS  
Address: 6339 POTTSBURG PLANTATION BLVD.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T ( ) Delete  
Name: JOHNSON, DAVID  
Address: 2301 PLAINFIELD AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: GALLO, JOHN R  
Address: 10819 GRAND CENTRAL PL NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete  
Name: MC CAFFERTY, DEBORAH  
Address: 2034 HERSCHEL STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: ARMSTRONG, BILL  
Address: 4472 CAROLYN COVE LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: GALLO, JOHN R  
Address: 3629 SANDBURG ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

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

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

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 JOHNSON

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date