

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006425

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: WHERE 2 GO OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

8227 BLUEBERRY DR  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

8227 BLUEBERRY DR  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

FEI Number: 20-0365343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELLEVALLA, MICHAEL  
8227 BLUEBERRY DR  
NEW PORT RICHEY, FL 34653 US

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

DELLAVALLE, MICHAEL  
8227 BLUEBERRY DR  
NEW PORT RICHEY, FL 34653 US

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: MICHAEL DELLAVALLE

03/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: DYER, BRENDA C  
Address: 8227 BLUEBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DVT ( ) Delete  
Name: DELLAVALLE, PH.D., MICHAEL  
Address: 8227 BLUEBERRY DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DS ( ) Delete  
Name: ROBINSON, CATIE  
Address: 4225 ONTARIO DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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

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 Section 119.07(3)(i), 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: BRENDA C. DYER DELLAVALLE

DVT

03/02/2005

Electronic Signature of Signing Officer or Director

Date