2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N03000006530

Entity Name: MALIBU GARDENS, INC.

Current Principal Place of Business:

4401 EMERSON STREET
SUITE 1
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4401 EMERSON STREET
SUITE 1
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-0121124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETTLINGER, CAROLYN W
4401 EMERSON STREET
SUITE 1
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: BISHOP, BEN
Address: 4401 EMERSON STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete
Name: GUILLIFORD, WILLIAM I III
Address: 4401 EMERSON STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: STILES, JEFF
Address: 4401 EMERSON STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete
Name: MEEKS, FLORESTINE
Address: 2571 SUMMIT STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Delete
Name: JOHNSON, HENRY
Address: 2933 N. MYRTLE AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Delete
Name: MAXWELL, PAM
Address: 801 W. BAY STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GULLIFORD, WILLIAM I III
Address: 4401 EMERSON STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change ( ) Addition
Name: WHITNER, JOHN
Address: 4401 EMERSON STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207 Q

Title: TRES (X) Change ( ) Addition
Name: WULBERN, ALAN
Address: 4401 EMERSON STREET SUITE 1
City-St-Zip: JACKSONVILLE, FL 32207

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 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: CAROLYN ETTLINGER ED 03/17/2006

Electronic Signature of Signing Officer or Director — Date