2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

टेरिट इंट्रायम् सामा जर स्टिट्रिट <u>र</u> DOCUMENT # N03000007280 05 APR 29 AM 9: 29 GREEN BEHIND THE EARS, INC. SECTION STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1565 ORANGE AVE 1565 ORANGE AVE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address /4 / 0 / Suite, Apt. #, etc. Mt. Vecnon 5+ 1400 Suite, Apt. #, etc. 04292005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 55-0854512 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U 57 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDBERG, SUSANNAH 606 E COLLEGE AVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 1400 Mŧ VECTOR Zip Code 328-03 FL 'a' n 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Defete **C**hange ☐ Addition Zindbery, Susannah 1400 Mt. Vecnon St. LINDBERG, SUSANNAH NAME NAME 606 E COLLEGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Octorda, FL 32803 VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition BINNS, HOLLY NAME 2107 MULBERRY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP ST ☐ Delete TITLE ☐ Change ☐ Addition Randolph, Scott 1400 Mt. Vecnin St. RANDOLPH, SCOTT NAME NAME STREET ADDRESS 606 E COLLEGE AVE STREET ADDRESS Orlando FZ 32803 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 300054015313 05/06/05--01066--015 **61 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: .

50-321-6962