

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008100

FILED
Apr 08, 2006
Secretary of State

Entity Name: CYGNET HOUSE, INC.

Current Principal Place of Business:

442 MAGNOLIA AVE.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 538
COCOA, FL 329230538

New Mailing Address:

FEI Number: 55-0847241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLICA, LINDA M
442 MAGNOLIA AVE.
MERRITT ISLAND, FL 32952 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: MOLICA, LINDA M
Address: 442 MAGNOLIA AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V () Delete
Name: COSGROVE, LISA DR.
Address: 442 MAGNOLIA AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: LESLIE, AMY
Address: 442 MAGNOLIA AVE
City-St-Zip: MERRITT ISLAND, FL 32952

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 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: LINDA M MOLICA

P

04/08/2006

Electronic Signature of Signing Officer or Director

Date