

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 15, 2006**  
**Secretary of State**

DOCUMENT# N03000008483

**Entity Name:** THE SOUTH FLORIDA EMERALD SOCIETY, INC.**Current Principal Place of Business:**PO BOX 144844  
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**PO BOX 144844  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 27-0070190**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VASALLO, CHRISTOPHER D  
2121 PONCE DE LEON BLVD.  
SUITE 900  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**KELLEY, CHRISTOPHER P  
11098 BISCAYNE BOULEVARD  
SUITE 205  
MIAMI, FL 33161 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: CHRISTOPHER P. KELLEY

06/15/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCMANUS, JOE PRES  
Address: 555 N.E. 15 ST., #416  
City-St-Zip: MIAMI, FL 33132

Title: VD ( ) Delete  
Name: KELLEY, CHRISTOPHER P VP  
Address: 11098 BISCAYNE BLVD., SUITE 205  
City-St-Zip: MIAMI, FL 33161

Title: VD ( ) Delete  
Name: KERR, MARY ANN VP  
Address: 8305 S.W. 169TH TERRACE  
City-St-Zip: PALMETTO BAY, FL 33157

Title: TD ( ) Delete  
Name: DOHERTY, JOHN P TREA  
Address: 9810 S.W. 115 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: HD ( ) Delete  
Name: KERR, OLIVER  
Address: 8305 S.W. 169TH TERRACE  
City-St-Zip: PALMETTO BAY, FL 33157

Title: SD ( ) Delete  
Name: PARIS, JAN REC-SEC  
Address: 4520 S.W. 68TH CT. CR #4  
City-St-Zip: MIAMI, FL 33155

**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:

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: CHRISTOPHER P. KELLEY

VP

06/15/2006

Electronic Signature of Signing Officer or Director

Date