

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N03000009068

Entity Name: SUCCESSFUL STEPS INC.

**Current Principal Place of Business:**

133 SE 38 ST  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

133 SE 38 ST  
GAINESVILLE, FL 32641

**New Mailing Address:**

FEI Number: 20-0469903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FELDER, MONICA  
133 SE 38 ST  
GAINESVILLE, FL 32641      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: FELDER, MONICA  
Address: 133 SE 38 ST  
City-St-Zip: GAINESVILLE, FL 32641

Title: S      ( ) Delete  
Name: SAMPSON, DEMETRIA  
Address: 133 SE 38 ST  
City-St-Zip: GAINESVILLE, FL 32641

Title: T      ( ) Delete  
Name: SUBER, JUANITA  
Address: 2900 PALLANZA DR SOUTH  
City-St-Zip: ST PETERSBURG, FL 33705

**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: MONICA FELDER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

05/01/2006

\_\_\_\_\_  
Date