2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03935

FILED May 02, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF C.P.C.U., INC.

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|--|--|--|
| 174 GRAC ALTAMON | CE BLVD. NTE SPRINGS, FL 32714 US | | |
| Current Mailing Address: | | New Mailing Address: | |
| | FICE BOX 622858 FL 327622858 | | |
| In accordan | :: 59-2737706 FEI Number Applied For () FEI N nce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent: | - | |
| 1415 BRU | , SANDRA MLEY ROAD TA, FL 32766 US | | |
| | e named entity submits this statement for the purpose e of Florida. | e of changing i | ts registered office or registered agent, or both, |
| SIGNATU | RE: | | |
| | Electronic Signature of Registered Agent | | Date |
| OFFICER | S AND DIRECTORS: | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTORS |
| Title: | T () Delete | Title: | () Change () Addition |
| Name: Address: City-St-Zip: | KEYES, PAULA 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 | Name: Address: City-St-Zip: | ()Change ()Addition |
| Name: Address: | KEYES, PAULÁ 174 GRACE BLVD. | Name: Address: | D (X) Change () Addition HOLLIDAY, LINDA 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 |
| Name: Address: City-St-Zip: Title: Name: Address: | KEYES, PAULÁ 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 PP () Delete WALTHER, PAUL 120 INTERNATIONLA PKWY, STE 320 | Name: Address: City-St-Zip: Title: Name: Address: | D (X) Change () Addition HOLLIDAY, LINDA 174 GRACE BLVD. |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address: Address: | KEYES, PAULÁ 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 PP () Delete WALTHER, PAUL 120 INTERNATIONLA PKWY, STE 320 HEATHROW, FL 32746 P () Delete CRUZ, LINDA POST OFFICE BOX 160364 | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | D (X) Change () Addition HOLLIDAY, LINDA 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 PP (X) Change () Addition CRUZ, LINDA POST OFFICE BOX 160364 |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | KEYES, PAULÁ 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 PP () Delete WALTHER, PAUL 120 INTERNATIONLA PKWY, STE 320 HEATHROW, FL 32746 P () Delete CRUZ, LINDA POST OFFICE BOX 160364 ALTAMONTE SPRINGS, FL 32716 VP () Delete EIRICH, CHRIS 174 GRACE BLVD | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | D (X) Change () Addition HOLLIDAY, LINDA 174 GRACE BLVD. ALTAMONTE SPRINGS, FL 32714 PP (X) Change () Addition CRUZ, LINDA POST OFFICE BOX 160364 ALTAMONTE SPRINGS, FL 32716 P (X) Change () Addition EIRICH, CHRIS 174 GRACE BLVD |

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: PAULA KEYES T 05/02/2006