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

## **DOCUMENT # N0400000329**



## FILED May 03, 2006 8:00 am Secretary of State

Principal Place of Business 601 HMNORE AVE SARASOTA, FL 34232  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City &
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Applied For Not Applicable  See Required  B. 75 Additional Fee Required  B. 75 Additional Fee Required  B. 10 August and Address of New Registered Agent  Name  MILLER, CRYSTAL J S  SOI HONORE AVENUE  SARASOTA, FL 34232  City  City  FL  Zip Code  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  Filling Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  TILE  MME  MME  P/D  NEWELL, CYNTHIA C  SIRET ADDRESS CITY-ST-2P  SARASOTA, FL 34240  City State Address (P.O. Box Number is Not Acceptable)  Applied For NOT APPLICABLE  Applied For NOT APPLICABLE  Applied For NOT APPLICABLE  Applied For NOT APPLICABLE  Status Desired  Street Address of Status Desired  Street Address of New Registered Agent  The Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  DATE  Filling Fee is \$61.25  Due by May 1, 2006  The Address (P.O. Box Number is Not Acceptable)  Added to Fees  Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  The Addition Number is Not Acceptable to Florida Department of State  Th
City & State  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required  Fee Required  For Not Applicable  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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 tide 4 applicable.  Pilling Fee is \$61.25 Due by May 1, 2006  Pilling Fee is \$61.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  P/D  INC.  SIRET ADDRESS  CITY-ST-2P  SARASOTA, FL 34240  CITY-ST-2P  Addition
NOT APPLICABLE   Not Applicable
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MILLER, CRYSTAL J S 601 HONORE AVENUE SARASOTA, FL 34232  City  City  FL  Zip Code  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.  SKGNATURE  Signature, typed or printed name of registered agent and tide 4 applicable.  (NOTE: Registered Agent agreture required when rematter(s)  DATE  Filling Fee is \$81.25  Due by May 1, 2006  Trust Fund Contribution.  DATE  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME STREET ADDRESS CITY-ST-2P  SARASOTA, FL 34240  CITY-ST-2P  SARASOTA, FL 34240
Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Filling Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  DATE  P/D  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME NEWELL, CYNTHIA C STREET ADDRESS CITY-ST-2P  SARASOTA, FL 34240  OTHER PASSET ADDRESS CITY-ST-2P  SARASOTA, FL 34240
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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, hyped or printed remain of registered agent and title 4 applicable.  Pilling Pee is \$61.25  Due by May 1, 2006  Pilling Pee is \$61.25  Due by May 1, 2006  Pilling Pee is \$61.25  Due by May 1, 2006  III.  OFFICERS AND DIRECTORS  III.  MAKE  NEWELL, CYNTHIA C  SIREET ADDRESS  CITY-ST-ZIP  SARASOTA, FL 34240  STREET ADDRESS  CITY-ST-ZIP  SARASOTA, FL 34240
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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, hyped or printed name of registered agent and title if applicable.  Pilling Fee is \$61.25  Due by May 1, 2006  Pilling Fee is \$61.25  Due by May 1, 2006  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  SIRET ADDRESS  CITY-ST-ZIP  SARASOTA, FL 34240  STREET ADDRESS  CITY-ST-ZIP  SARASOTA, FL 34240
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or protect name of registered agent and tole if applicable.  Pilling Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME NEWELL, CYNTHIA C STREET ADDRESS CITY-ST-2P SARASOTA, FL 34240  SARASOTA, FL 34240
8. The above named entity submits this statement for the purpose of changing its 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 4 applicable.  Pilling Pee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE MAME NEWELL, CYNTHIA C STREET ADDRESS CTY-ST-2P SARASOTA, FL 34240  CTY-ST-2P
the obligations of registered agent.  Signature. typed or printed name of registered agent and title 4 applicable.  PATE  Fitting Fee is \$61.25  Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NEWELL, CYNTHIA C  STREET ADDRESS  CITY-ST-2P  SARASOTA, FL 34240  PATE  PA
Piling Fee is \$61.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS  TITLE NAME NEWELL, CYNTHIA C STREET ADDRESS CTY-ST-ZIP  NOTE: Registered Agent and use if applicable. (NOTE: Registered Agent and prature required when remattering)  DATE  ### Make check payable to Florida Department of State  ### Make check payable to Florida Department of State  ### Added to Fees  ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Change   Addition
Piling Fee is \$61.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS  TITLE NAME NEWELL, CYNTHIA C STREET ADDRESS CTY-ST-ZIP  NOTE: Registered Agent and use if applicable. (NOTE: Registered Agent and prature required when remattering)  DATE  ### Make check payable to Florida Department of State  ### Make check payable to Florida Department of State  ### Added to Fees  ### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Change   Addition
Due by May 1, 2006  Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE P/D NEWELL, CYNTHIA C STREET ADDRESS CTY-ST-2P SARASOTA, FL 34240  Trust Fund Contribution.  Added to Fees Florida Department of State  Florida Department of State  Florida Department of State  Addition Addition Addition  Addition  Addition  Addition  Addition  CTY-ST-2P  SARASOTA, FL 34240
TITLE P/D TITLE Change Addition  NAME NEWELL, CYNTHIA C NAME  STREET ADDRESS CTY-ST-ZIP SARASOTA, FL 34240 TITLE  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP  CTY-ST-ZIP
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NAME VAN PRAAG, KATHY NAME
STREET ADDRESS 601 HONORE AVENUE STREET ADDRESS
CITY-SI-ZIP SARASOTA, FL 34232 CITY-SI-ZIP
TITLE S/D TITLE Change Addition
STREET ADDRESS 601 HONORE AVENUE STREET ADDRESS
CTTY-ST-ZIP SARASOTA, FL 34232 CTTY-ST-ZIP
TITLE T L'Effette TITLE Change Addition
NAME SLOAN, CYNTHA'S NAME
STREET ADDRESS 601 HONORE AVENUE STREET ADDRESS CON ST. ZD.
CITY-SI-ZIP SARASOTA, FL 34232 CITY-SI-ZIP
Delete TITLE  NAME  STREET ADDRESS  TITLE  Marla Wagle (  Change Production  STREET ADDRESS  STREET ADDRESS  1325 Wagur Wheel Dr
STREET ADDRESS 1325 Wagux Wheel Ur
CITY-ST-ZP Sarasota FL 34240
TITLE VPID Change Addition
NAME Anne Shea
STREET ADDRESS CITY-ST-ZP SQLCQ SOTQ, FC 34232
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

IG OFFICER OR DIRECTOR

941-724-3108