2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000850

FILED Feb 27, 2005 Secretary of State

Entity Name: FIRST DEFENSE ABSTINENCE EDUCATION, INC

Current Principal Place of Business: New Principal Place of Business: 2225 SOUTH BABCOCK ST POST OFFICE BOX 548 MELBOURNE, FL 32901 MELBOURNE, FL 32902 US **Current Mailing Address: New Mailing Address:** 2225 SOUTH BABCOCK ST POST OFFICE BOX 548 MELBOURNE, FL 32901 US MELBOURNE, FL 32902 US FEI Number: 20-0651577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THARP, SUSAN R 3265 LÚSITANIA LANE INDIALANTIC, FL 32903 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition MCINTIRE, THERESA Name: Name: Address: Address: 820 THOMAS BARBOUR DRIVE City-St-Zip: City-St-Zip: MELBOURNE, FL 32935 US Title: Title: () Change (X) Addition () Delete Name: Name: HANSON, PAUL Address: Address: 633 SPRING LAKE DRIVE City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 US Title: () Delete Title: **TREA** () Change (X) Addition FREDIANELLI, BARRY Name: Name: 1608 MITCHELL STREET, APT 2 Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32901 US () Change (X) Addition Title: () Delete Title: SEC SCHOFIELD, ROBERT Name: Name: 4105 LAKE WASHINGTON ROAD Address: Address: City-St-Zip: City-St-Zip: MELBOURNE, FL 32934 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. BALL **BMGR** 02/27/2005