

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000850

FILED
Jan 10, 2006
Secretary of State

Entity Name: FIRST DEFENSE ABSTINENCE EDUCATION, INC

Current Principal Place of Business:

POST OFFICE BOX 548
MELBOURNE, FL 32902 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 548
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 20-0651577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARP, SUSAN R
3265 LUSITANIA LANE
INDIALANTIC, FL 32903 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: PRES () Delete
Name: MCINTIRE, THERESA
Address: 820 THOMAS BARBOUR DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP (X) Delete
Name: HANSON, PAUL
Address: 633 SPRING LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: TREA () Delete
Name: FREDIANELLI, BARRY
Address: 1608 MITCHELL STREET, APT 2
City-St-Zip: MELBOURNE, FL 32901 US

Title: SEC () Delete
Name: SCHOFIELD, ROBERT
Address: 4105 LAKE WASHINGTON ROAD
City-St-Zip: MELBOURNE, FL 32934 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HANSON, PAUL
Address: 633 SPRING LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

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: ROBERT A. BALL

BMGR

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date