

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002610

Entity Name: EL AHAVA, INC.

FILED  
May 01, 2005  
Secretary of State

## Current Principal Place of Business:

331 ROYAL PALM PARK ROAD  
FT. MYERS, FL 33905

## New Principal Place of Business:

## Current Mailing Address:

331 ROYAL PALM PARK ROAD  
FT. MYERS, FL 33905

## New Mailing Address:

FEI Number: 55-0861152      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:

EDWARDS, CHARLES W  
331 ROYAL PALM PARK ROAD  
FT. MYERS, FL 33905      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: D ( ) Delete  
Name: EDWARDS, CHARLES W  
Address: 331 ROYAL PALM PARK ROAD  
City-St-Zip: FT. MYERS, FL 33905

Title: D ( ) Delete  
Name: WOLFROM, KENNETH E  
Address: 5015 32ND AVENUE DRIVE W.  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: BLINK, SCOTT M  
Address: 1652 SOUTH HERMITAGE ROAD  
City-St-Zip: FT. MYERS, FL 33919

## 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 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: CHARLES W. EDWARDS

D

05/01/2005

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

\_\_\_\_\_  
Date