2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04000003733

Entity Name: CIRCLE OF COMPASSION, INC.

Current Principal Place of Business:

1111 W FAITH CIR
2001
BRADENTON, FL 34212 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21294
BRADENTON, FL 34204 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

HOWELL, MARY S
1111 W FAITH CIR
2001
BRADENTON, FL 34212 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: PD ( ) Delete
Name: HOWELL, MARY
Address: 1111 W FAITH CIR, # 2001
City-St-Zip: BRADENTON, FL 34212 US

Title: VD ( ) Delete
Name: HOWELL, PHILLIP G
Address: 3810 SE 2RD ST
City-St-Zip: OCALA, FL 34471 US

Title: TD ( ) Delete
Name: BARR, SCOTT
Address: 102 FIRST STREET NORTH
City-St-Zip: BRADENTON BEACH, FL 34217 US

Title: SD ( ) Delete
Name: SCANDLING, ANNA H
Address: 4434 W TRILBY AVE
City-St-Zip: TAMPA, FL 33616 US

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:

Title: SD (X) Change ( ) Addition
Name: SCANDLING, ANN H
Address: 4434 W TRILBY AVE
City-St-Zip: TAMPA, FL 33616 US

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: MARY S HOWELL PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date