

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004000

FILED
Apr 04, 2006
Secretary of State

Entity Name: CITY ETHICS INC.

Current Principal Place of Business:

1819 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

4417 BEACH BLVD. SUITE 300
JACKSONVILLE, FL 32207

Current Mailing Address:

1819 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

CARLA MILLER, ESQ.
4417 BEACH BLVD. SUITE 300
JACKSONVILLE, FL 32207

FEI Number: 26-1112014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CARLA ESQ.
1819 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

MILLER, CARLA ESQ.
4417 BEACH BLVD. SUITE 300
JACKSONVILLE, FL 32207 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: CARLA MILLER

04/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, CARLOTTA D
Address: 1819 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD () Delete
Name: MCCLINTOCK, DONALD ROSS
Address: 1819 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MAXWELL, WILLIAM
Address: 1819 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, CARLOTTA D
Address: 4417 BEACH BLVD. SUITE 300
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD (X) Change () Addition
Name: MCCLINTOCK, DONALD ROSS
Address: 4417 BEACH BLVD. SUITE 300
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change () Addition
Name: MAXWELL, WILLIAM
Address: 4417 BEACH BLVD. SUITE 300
City-St-Zip: JACKSONVILLE, FL 32207

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: CARLOTTA D. MILLER

D, P

04/04/2006

Electronic Signature of Signing Officer or Director

Date