2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005
Secretary of State

DOCUMENT# N04000005865

Entity Name: MAD DADS OF FORT PIERCE, FL INC.

Current Principal Place of Business:

1513 NORTH 23RD STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1513 NORTH 23RD STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 77-0638966 **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:

PHILPART, TOBY
1513 NORTH 23RD STREET
FORT PIERCE, FL 34950 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: P ( ) Delete
Name: DOVER, WILLIE
Address: 2107 NORTH 41ST STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: S ( ) Delete
Name: PHILPART, TOBY
Address: 1931 ROYAL PALM DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Delete
Name: BENNETT, LEROY
Address: 2101 VALENCIA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: ED ( ) Delete
Name: BROWN, ROBERT
Address: 601 NORTH 15TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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: ( ) 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: TOBY PHILPART S 07/18/2005
Electronic Signature of Signing Officer or Director — Date