2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N04000006616

Entity Name: COMMUNITY PLANNING NETWORK, INC.

Current Principal Place of Business:

2700 SUNSET DR
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

2700 SUNSET DR
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

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

Name and Address of Current Registered Agent:

MILLER, DONNADINE
2700 SUNSET DR
NEW SMYRNA BEACH, FL 32168 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: ABBOTT, RICHARD
Address: 1065 CLUBHOUSE BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: BOOTS, DEBRA
Address: 510 BALL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: GORE, ROSEMARIE
Address: 102 LOUISE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: MILLER, DONNADINE
Address: 2700 SUNSET DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: OSTERHOUT, PAT
Address: 2700 SUNSET DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: TINER, MORRISA
Address: 26 LAKE FIARGREEN CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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: DONNADINE MILLER D 04/18/2005
Electronic Signature of Signing Officer or Director — Date