

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 23, 2006  
Secretary of State**

DOCUMENT# N04000007421

Entity Name: ST. ANTHONY'S VALLEY INC.

**Current Principal Place of Business:**

31555 U S 19 N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

31555 U S 19 N  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 59-3814722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARID, ASHRAF S  
31555 U S 19 N  
PALM HARBOR, FL 34684      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: FARID, ASHRAF S  
Address: 31555 U S 19 N  
City-St-Zip: PALM HARBOR, FL 34684

Title: D      ( ) Delete  
Name: HEINEN, MONICA  
Address: 774 RANCH RD  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D      (X) Delete  
Name: FREIJE, EDWARD  
Address: 31555 U S 19 N  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: KOUTRIS, STAMATINA C  
Address: 2972 ESTANCIA PLACE  
City-St-Zip: CLEARWATER, FL 33761

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 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: ASHRAF S. FARID

D

02/23/2006

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

\_\_\_\_\_  
Date