2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009400

FILED Feb 14, 2006 Secretary of State

| DOCON | /ILI41" 140 | | | Secretary (| JI State | |
|---|---------------------------------|-------------------------------|---|--|---------------|--|
| Entity Nar | me: THE FO | RECLOSURE ADVISORY C | OUNCIL, INC. | | | |
| Current Principal Place of Business: | | | New Prin | New Principal Place of Business: | | |
| P.O. BOX (OVIEDO, F | | | | | | |
| Current Mailing Address: | | | New Mail | New Mailing Address: | | |
| P.O. BOX OVIEDO, F | | | | | | |
| FEI Number: | : 20-2335714 | FEI Number Applied For() | FEI Number Not App | Dicable () Certificate of Status D | esired() | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| AMBRE, K PO BOX 7 ORLANDO | | US | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for th | ne purpose of changing | its registered office or registered ag | ent, or both, | |
| SIGNATUR | RE: | | | | | |
| Electronic Signature of Registered Agent | | | Agent | Date | | |
| OFFICERS AND DIRECTORS: | | | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | | |
| Title: Name: | V (HARTLEY, AN |) Delete | Title: Name: | V (X) Change () Addition | | |
| Address: City-St-Zip: | P.O. BOX 780 ORLANDO, FI | 293 | Address: City-St-Zip: | HARTLEY, AMANDA VICE PR PO BOX 621514 OVIEDO, FL 32762 | | |

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: PATTI HARRISON CHRP 02/14/2006