200	6 NOT-FOR-PRO ANNUAL	OFIT CO REPOF	RPORA	TION		FILEI 02, 2006 cretary 0	8:00 f Sta	
DOCUMENT # N0400009739 1. Enlity Name					,		_ 01.	
CITIZENS INC.	FOR FAIRNESS IN REAL	ESTATE CL	.OSINGS			00010400		
Principal Place of Business 750 W LUMSDEN ROAD BRANDON, FL 33511		Mailing Address 750 W LUMSDEN ROAD BRANDON, FL 33511				60010466		
2. Principal Pla	ce of Business	3. Mailing Address						
Suite, Apt. #	, etc.	Suite, Apl. #, etc.			01182006 Cr	ng-NP CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 86-112122	3		plied For t Applicable
Zip	Country	Zip		Country	5. Certificate of St		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent			
TOMLINSON, SANDRA J 750 W LUMSDEN ROAD BRANDON, FL 33511					(P.O. Box Number is Not Acceptable)			
				City	FL Zip Code			
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006	· · ·	(NOTE: Regi Election Campaig Trust Fund Contri	· · ·	\$5.00 May Be Added to Fees	DATE Make checl Florida Depar		
10.	OFFICERS AND D			11. TITLE	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP	TOMLINSON, SANDRA J 750 W LUMSDEN ROAD BRANDON, FL 33511	L		NAME STREET ADDRESS CITY- ST- ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALPIZAR, RHONDA 750 W LUMSDEN ROAD BRANDON, FL 33511	C	L.	TITLE NAME STREET ADDRESS CITY- ST- ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DS BROWN, MARY J 750 W LUMSDEN ROAD BRANDON, FL 33511	C	Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addilion
TITLE NAME STREET ADDRESS CITY - ST - ZIP		[Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP		· <u>·</u>	Change	🔲 Additio
indicated of the co changed	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee err or on an attachment with an address TURE:	is true and accur powered to exect with all other tike	ate and that my s the this report as r e empowered.	ignature shall have the equired by Chapter 6 willow	ne same legal effect as 617, Florida Statutes; ar	if made under oath; that I nd that my name appears 26/06 8/3	am an ollicei in Block 10 o	r or director Ir Block 11 if