

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011176

FILED
Sep 05, 2006
Secretary of State

Entity Name: SOCIAL SPIRITS, INCORPORATED

Current Principal Place of Business:

7990 BAYMEADOWS ROAD E SUITE 1112
JACKSONVILLE, FL 32256

New Principal Place of Business:

11442 SQUIRE WAY LANE
JACKSONVILLE, FL 32223

Current Mailing Address:

7990 BAYMEADOWS ROAD E SUITE 1112
JACKSONVILLE, FL 32256

New Mailing Address:

11442 SQUIRE WAY LANE
JACKSONVILLE, FL 32223

FEI Number: 42-1654242 **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:

CATANIA, CHRISTOPHER S
7990 BAYMEADOWS ROAD E SUITE 1112
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

CRABBE, RODERICK T
11442 SQUIRE WAY LANE
JACKSONVILLE, FL 32223 US

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: RODERICK T. CRABBE

09/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CRABBE, RODERICK PRES
Address: 7990 BAYMEADOWS RD E SUITE 907
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete
Name: WEINBERG, TROY K VICE PR
Address: 7990 BAYMEADOWS RD E SUITE 907
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DIR () Delete
Name: CATANIA, CHRISTOPHER S OFFICER
Address: 7990 BAYMEADOWS RD E SUITE 1112
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DIR () Delete
Name: MCPHAIL, MATTHEW OFFICER
Address: 8408 THORNBUSH CT
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: DIR () Delete
Name: DUFRESENE, SARAH OFFICER
Address: 8408 THORNBUSH CT
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRABBE, RODERICK T PRES
Address: 11442 SQUIRE WAY LANE
City-St-Zip: JACKSONVILLE, FL 32223 US

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 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: RODERICK T. CRABBE

PRES

09/05/2006

Electronic Signature of Signing Officer or Director

Date