2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N04000011234

Entity Name: CONCERNED ORGANIZED MEN IN ACTION, INC.

Current Principal Place of Business:

209 HICKORY STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 53
NEW SMYRNA BEACH, FL 321700053

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:

BROWN, MELVIN SR
209 HICKORY STREET
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: PD ( ) Delete
Name: WASHINGTON, ALBERT SR
Address: 209 HICKORY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD (X) Delete
Name: HORNE, DONALD A SR
Address: 201 OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: DARRISAW, JOSEPH
Address: 209 HICKORY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: GRANT, WILLFORD
Address: 209 HICKORY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD ( ) Delete
Name: BROWN, MELVIN SR
Address: 209 HICKORY STREET
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: SD (X) Change ( ) Addition
Name: DEVAUX, TOMMIE
Address: 209 HICKORY STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MELVIN BROWN SR. TD 03/29/2006

Electronic Signature of Signing Officer or Director — Date