2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N04000012116

Entity Name: HIGHLANDS EMERGENCY RECOVERY OPERATION, INC.

Current Principal Place of Business:

501 S COMMERCE AVE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7816
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 11-3737691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BREYLINGER, JANE A
501 S COMMERCE AVE
SEBRING, FL 33870 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: S ( ) Delete
Name: BREYLINGER, JANE A
Address: 2441 W. NAUTILUS RD
City-St-Zip: AVON PARK, FL 33825 US

Title: P ( ) Delete
Name: DEVLIN, PAUL
Address: 315 TULANE CIR.
City-St-Zip: AVON PARK, FL 33825 US

Title: TREA ( ) Delete
Name: GAMMAGE, KAREN
Address: PO BOX 1035
City-St-Zip: AVON PARK, FL 33826 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECR (X) Change ( ) Addition
Name: FOY, MARY A
Address: 1804 W DINNER LAKE DRIVE
City-St-Zip: SEBRING, FL 33870 US

Title: P (X) Change ( ) Addition
Name: JANE, BREYLINGER A
Address: 2441 W NAUTILUS RD
City-St-Zip: AVON PARK, FL 33825 US

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: MARY A. FOY SECR 05/01/2006

Electronic Signature of Signing Officer or Director — Date