## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2006 8:00 am Secretary of State

01-26-2006 90029 042 \*\*\*\*70.00

Purcipal Place of Business	1. Entity Nan	MENT # N05000000 D G. MINNIS, SR. BAR FOL				1-20-2000 90029 042	70.00	
Salie Apt. 4, etc.    Suite Apt. 4, etc.   Dit 152006   Chg.NP   CR2E037 (111/05)	P.O. BOX 11	57	P.O. BOX 1157	3731-1157				
Salie Apt. 4, etc.    Suite Apt. 4, etc.   Dit 152006   Chg.NP   CR2E037 (111/05)	2. Principal F	Place of Business	3. Mailing Address					
City & State    Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. Certificate   S. Certificate of Status Desired   S. Certificate   S. Certificate	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-			
Second   S	City & State		City & State		4. FEI Number		Applied For	
MYERS-SIMMONDS, CAROLYN 100 SECOND AVENUE SOUTH, SUITE 1100S ST. PETERSBURG, FL 33701  **The above named entity submits into estatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or	Zip Country  6. Name and Address of Current 6		Zip	Zip Country		5 Certificate of Status Desired \$8.75 Additional		
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable is Number is Not A		6. Name and Address of Current F	Registered Agent		7. Name and Addr	ess of New Registered Age	nt	
ST PETERSBURG, FL 33701  8. The above named entity submits into statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, byeat or private agent and the acceptance.   OKITE Registered Agent apent above named entity submits into statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   ORIGINATURE	MYEDOC	IMMONDS CARCUVAL		Name			-	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, howed or printed name of registered agent and life if applicable. (MOTE-Registered Agent signature required when renatable))   DATE    Filling Fee is \$61.25   Due by May 1, 2006   Priorition Campaign Financing Trust Fund Contribution.   S\$.00 May Be Added to Fees   Make check payable to Fiorida Department of State	100 SECOND AVENUE SOUTH, SUITE 1100S				Street Address (P.O. Box Number is Not Acceptable)			
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, bysed or printed name of imprisoned agent and life if expicitable. (MOTE: Registered Agent stynature regulated whom rentating)   DATE				City		E1	Zip Code	
SIGNATURE	<u> </u>							
10. OFFICERS AND DIRECTORS	the obligat	tions of registered agent.						
TITLE   CHAMPAGNE, LAGUERRA   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-2P   CTY-ST-2P   CTY-								
NAME STREET ADDRESS CITY-ST-2IP ST. PETERSBURG, FL 337311157  TITLE NAME STREET ADDRESS CITY-ST-2IP ST. PETERSBURG, FL 337311157  TITLE OLO, BOX 1157 ST. PETERSBURG, FL 337311157  TITLE CAMPBELL, YA'SHEAKA P.O. BOX 1157 ST. PETERSBURG, FL 337311157  TITLE OLO, BOX 1157 ST. PETERSBURG, FL 337311157	10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC	TORS IN 10	
NAME   STREET ADDRESS   CITY-ST-ZIP   ST. PETERSBURG, FL 337311157   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS   STREET ADDR	NAME STREET ADDRESS	CHAMPAGNE, LAGUERRA P.O. BOX 1157	_	NAME STREET ADDRESS			Change Addition	
NAME   STREET ADDRESS   CITY-ST-ZIP   ST. PETERSBURG, FL 337311157   STREET ADDRESS   CITY-ST-ZIP   ST. PETERSBURG, FL 337311157   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS   STR	NAME STREET ADORESS	RICHARDSON, JOHN P.O. BOX 1157		NAME STREET ADDRESS			Change Addition	
NAME         MYERS-SIMMONS, CAROLYN         NAME           STREET ADDRESS         P.O. BOX 1157         STREET ADDRESS           CITY-ST-ZIP         ST. PETERSBURG, FL 337311157         CITY-ST-ZIP           TITLE         D MAME         SMITH-KHAN, CHERYL         NAME           NAME         SMITH-KHAN, CHERYL         NAME           NAME         STREET ADDRESS         P.O. BOX 1157         STREET ADDRESS           CITY-ST-ZIP         ST. PETERSBURG, FL 337311157         CITY-ST-ZIP           TITLE         D         Delete         TITLE           NAME         WILLIAMS, JEANNINE         NAME           STREET ADDRESS         P.O. BOX 1157         STREET ADDRESS           CITY-ST-ZIP         ST. PETERSBURG, FL 337311157         CITY-ST-ZIP	NAMÉ STREET ADDRESS	CAMPBELL, YA'SHEAKA P.O. BOX 1157	— :	NAME STREET ADDRESS			Change Addition	
NAME         SMITH-KHAN, CHERYL         NAME           STREET ADDRESS         P.O. BOX; 1157         STREET ADDRESS           CITY-ST-ZIP         ST. PETERSBURG, FL 337311157         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         WILLIAMS, JEANNINE         NAME           STREET ADDRESS         P.O. BOX 1157         STREET ADDRESS           CITY-ST-ZIP         ST. PETERSBURG, FL 337311157         CITY-ST-ZIP	NAME STREET ADDRESS	MYERS-SIMMONS, CAROLYN P.O. BOX 1157		NAME STREET ADDRESS		_	Change Addition	
NAME WILLIAMS, JEANNINE NAME STREET ADDRESS P.O. BOX 1157 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 337311157 CITY-ST-ZIP	NAME STREET ADDRESS	SMITH-KHAN, CHERYL P.O. BOX 1157		NAME STREET ADDRESS			Change Addition	
12 Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	TOLE						Change	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is rure and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CALOUMN MUSEUS—Simmond 5

SIGNATURE: .

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 Date

(727) 277-8412