2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# N05000000348

Entity Name: FIRST RESPONDERS FOUNDATION, INC.

Current Principal Place of Business:

945 COBBLESTONE LANE
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

945 COBBLESTONE LANE
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 04-3803985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKIN, COLLEEN A
945 COBBLESTONE LANE
TARPON SPRINGS, FL 34688 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: MACKIN, COLLEEN A
Address: 945 COBBLESTONE LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete
Name: LITTLE, JOHN
Address: 12945 SEMINOLE BLVD., BLDG.2, SUITE 16
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete
Name: INGOLD, TIM
Address: 550 COMMERCE DR.
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete
Name: BORLAND, ROBIN
Address: 2433 APPALOOSA TR.
City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete
Name: SCHAFER, WALTER L
Address: 2430 ESTANCIA BLVD., SUITE 108
City-St-Zip: CLEARWATER, FL 336712607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: COLLEEN MACKIN P 02/13/2006

Electronic Signature of Signing Officer or Director — Date