


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90024 016 \*\*\*\*61.25

<b>DOCUMENT # N05000000415</b>	
1. Entity Name ABC FINANCIAL GROUP GLOBAL OUTREACH PROGRAM, INC.	

Principal Place of Business 9200 BONITA BEACH ROAD UNIT 206 BONITA SPRINGS, FL 34135	Mailing Address 9200 BONITA BEACH ROAD UNIT 206 BONITA SPRINGS, FL 34135
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2. Principal Place of Business 2918 7th Street SW Suite, Apt. #, etc.	3. Mailing Address 2918 7th Street SW Suite, Apt. #, etc.
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City & State Lehigh Acres, Florida	City & State Lehigh Acres, FL
Zip 33971	Country US
Zip 33971	Country US

02212006 Chg-NP CR2E037 (11/05)

4. FEI Number 33-1116539	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORFIS, MONICA 9200 BONITA BEACH ROAD UNIT 206 BONITA SPRINGS, FL 34135
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7. Name and Address of New Registered Agent	
Name Monica Morfis	
Street Address (P.O. Box Number is Not Acceptable) 2918 7th Street SW	
City Lehigh Acres	FL Zip Code 33971

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 Monica Morfis - Director DATE 2-22-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORFIS, MONICA 9200 BONITA BEACH ROAD UNIT 206 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Monica Morfis 2918 7th Street SW Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AULEN, RAIMOND 9200 BONITA BEACH ROAD UNIT 206 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Raimond Aulen 2918 7th Street SW Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pamila Spratlin 2918 7th Street SW Lehigh Acres, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pamila Spratlin 2918 7th Street SW Lehigh Acres, FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 indicated on this report or supplemental report is true 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.

SIGNATURE: [Signature] DATE 2-22-06 239-265-4758  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR