


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90040 043 ****61.25

DOCUMENT # N05000002602 1. Entity Name REACH-USA, INC.					
Principal Place of Business 7313 MERCHANT CT SARASOTA, FL 34240			Mailing Address 7313 MERCHANT CT SARASOTA, FL 34240		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-2988807				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPP, THEODORE L JR. 2532 E FIRST ST FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARWICK, DANIEL		NAME		
STREET ADDRESS	11503 SAVANNAH LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	PARRISH, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTWRIGHT, CANON G		NAME		
STREET ADDRESS	2202 WILDWOOD HOLLOW DR		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33593		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, GERALYNN		NAME		
STREET ADDRESS	5726 DORAL CT		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTNETT, JOHN		NAME		
STREET ADDRESS	8271 52ND ST N		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PK, FL 33781		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MWIYA, JOHN K		NAME		
STREET ADDRESS	4020 58TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33714		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIPP, DEBORAH		NAME		
STREET ADDRESS	12540 PANASOFFKEE DR		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
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: <u>Geraldyn W. Gardner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/4/06 (941)966-1924 <small>Date Daytime Phone #</small>		