## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005128

FILED Apr 19, 2006 Secretary of State

Entity Name: DAVID KIM PERRY INSTITUTE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9 N. RAVENSFIELD LN. ORMOND BEACH, FL 321743892 **Current Mailing Address: New Mailing Address:** 9 N. RAVENSFIELD LN. ORMOND BEACH, FL 321743892 FEI Number: 65-1250183 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERRY, DAVID K 9 N. RÁVENSFIELD LN. ORMOND BEACH, FL 321743892 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PERRY, DAVID K Name: Name: 9 N. RAVENSFIELD LN. Address: Address: City-St-Zip: ORMOND BEACH, FL 321743892 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: TATNALL, ANNE L Name: SUMMERVILLE, JYMMYE L Address: 17177 PARKSIDE Address: 4792 PEPPER TREE LANE City-St-Zip: DETROIT, MI 48221 City-St-Zip: DOUGLASVILLE, GA 30135 Title: () Delete Title: () Change () Addition DEAR, BENITA Name: Name: Address: 18649 LANCASHIRE Address: City-St-Zip: DETROIT, MI 48223 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VAULX, DARRELL Name: 10780 HWY. 76 SOUTH Address: Address: City-St-Zip: STANTON, TN 38069 City-St-Zip: Title: () Delete Title: () Change () Addition HOPE, ELIZABETH Name: Name: 6809 IVY LOG DR. Address: Address: City-St-Zip: AUSTELL, GA 30168 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition IRBY, CAROLYN Name: Name: Address: Address: 10001 NE 82ND AVENUE VANCOUVER, WA 98662 13 City-St-Zip: 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: DAVID KIM PERRY C 04/19/2006