

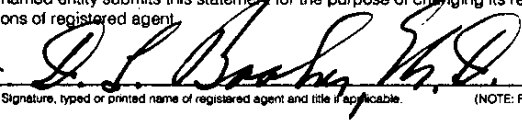
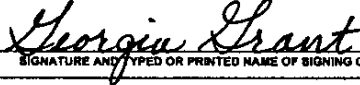


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90014 047 \*\*\*\*61.25

<b>DOCUMENT # N05000005317</b>					
1. Entity Name <b>VINEYARDS RADIO NETWORK, INC.</b>					
Principal Place of Business <b>75 VINEYARDS BOULEVARD NAPLES, FL 34119</b>			Mailing Address <b>75 VINEYARDS BOULEVARD NAPLES, FL 34119</b>		
2. Principal Place of Business <b>90 ERIN WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>90 ERIN WAY</b> Suite, Apt. #, etc.		 02142006 Chg-NP CR2E037 (11/05)	
City & State <b>NAPLES, FL</b> Zip <b>34119</b> Country <b>US</b>		City & State <b>NAPLES, FL</b> Zip <b>34119</b> Country <b>US</b>			
4. FEI Number <b>37-1510233</b>				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 <b>ERICKSON, JACK 75 VINEYARDS BOULEVARD NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <b>BOOHER, DELBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 ERIN WAY</b> City <b>NAPLES</b> FL Zip Code <b>34119</b>		
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:  <b>D.L. Booher, M.D.</b> 90 Erin Way NAPLES, FL 34119 (NOTE: Registered Agent signature required when reinstating) DATE <b>2/25/06</b>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, GEORGIA 188 VISTA LN NAPLES, FL 34119 <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	VD GRANT, CHARLES W 188 VISTA LANE NAPLES, FL 34119 <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	STD <del>DELBERT, BOOHER</del> 90 ERIN WAY NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOOHER, DELBERT</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLERT, MIKE 689 VINTAGE RESERVE CIR NAPLES, FL 34119 <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	D KRINSKY, MURRAY 178 SAN RAFAEL LN NAPLES, FL 34119 <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	D CONROY, MARTY 749 REGENCY RESERVE CIR NAPLES, FL 34119 <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:  <b>GEORGIA GRANT</b> 2-14-06 239-304-4414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					