2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N05000005524

Entity Name: FORM-BASED CODES INSTITUTE, INC.

Current Principal Place of Business:

1571 SUNSET DR
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

1571 SUNSET DR
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 76-0796091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POOLE, SAMUEL E III
350 EAST LAS OLAS BLVD SUITE 1000
FT LAUDERDALE, FL 33301 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:	D	( ) Delete
Name:	CRAWFORD, PAUL	
Address:	641 HIGUERA STREET SUITE 302	
City-St-Zip:	SAN LUIS OBISPO, CA 93401	
Title:	D	( ) Delete
Name:	DOVER, VICTOR	
Address:	1571 SUNSET DR	
City-St-Zip:	CORAL GABLES, FL 33143	
Title:	D	( ) Delete
Name:	DUANY, ANDRES M	
Address:	1023 SW 25TH AVE	
City-St-Zip:	MIAMI, FL 33135	
Title:	D	( ) Delete
Name:	FERRELL, GEOFF	
Address:	19 14TH STREET SE	
City-St-Zip:	WASHINGTON, DC 20003	
Title:	D	( ) Delete
Name:	KATZ, PETER	
Address:	107 S WEST STREET #330	
City-St-Zip:	ALEXANDRIA, VA 22314	
Title:	D	( ) Delete
Name:	KOHL, JOSEPH	
Address:	1571 SUNSET DR	
City-St-Zip:	CORAL GABLES, FL 33143	

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:	
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: JOSEPH KOHL D 04/13/2006

Electronic Signature of Signing Officer or Director — Date