2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006
Secretary of State

DOCUMENT# N05000006491

Entity Name: GRANDPARENTS RELATIVE CAREGIVERS RESPITE INTERVENTION TRANSITIONAL SERVICES INC.

Current Principal Place of Business:

847 ORANGE AVE SUITE A-2
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1217 CADILLAC DR
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILES I, GEORGE
1217 CADILLAC DR
DAYTONA BEACH, FL 32117 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: PCEO ( ) Delete
Name: MILES, NORA
Address: 1217 CADILLAC DR
City-St-Zip: DAYTONA BEACH, FL 32117

Title: S ( ) Delete
Name: KOHN, ROSETTA
Address: 909 N STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: THOMPSON, SHIRLEY J
Address: 1242 SUNSET CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32117

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:

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: NORA D MILES PCEO 08/15/2006

Electronic Signature of Signing Officer or Director — Date