

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006780

FILED
May 03, 2006
Secretary of State

Entity Name: UNITED STATES DISASTER ASSISTANCE TEAM INC.

Current Principal Place of Business:

235 FLORIDA BLVD
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

1959 HOVINGTON CIRCLE WEST
JACKSONVILLE, FL 32246 US

Current Mailing Address:

P.O. BOX 330783
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 75-3195197 FEI Number Applied For () FEI Number Not Applicable () 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:

SAMPLE, DAVE L
235 FLORIDA BLVD
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

SAMPLE, DAVID L
1959 HOVINGTON CIRCLE WEST
JACKSONVILLE, FL 32246 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: DAVID L SAMPLE

05/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMPLE, DAVID L
Address: 235 FLORIDA BLVD
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAMPLE, DAVID L
Address: 1959 HOVINGTON CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP () Change (X) Addition
Name: SAMPLE, SUSAN T
Address: 1959 HOVINGTON CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32246 US

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 L SAMPLE

P

05/03/2006

Electronic Signature of Signing Officer or Director

Date