## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009369

FILED Jan 10, 2006 Secretary of State

Entity Name: ONE GOOD DEED, INC. **Current Principal Place of Business: New Principal Place of Business:** 359 SOUTH COUNTY ROAD STE 1 PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 359 SOUTH COUNTY ROAD STE 1 PALM BEACH, FL 33480 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALEEBY, AMY 359 SOUTH COUNTY ROAD STE 1 PALM BEACH, FL 33480 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: () Change () Addition () Delete SALEEBY, AMY Name: Name: Address: 359 SOUTH COUNTY ROAD STE 1 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COHEN, PHILLIPE Name: Address: 359 SOUTH COUNTY ROAD STE 1 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition WOLFE, CATHRYN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: AMY SALEEBY D 01/10/2006

359 SOUTH COUNTY ROAD STE 1

PALM BEACH, FL 33480

Address:

City-St-Zip: