2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2006 8:00 am Secretary of State DOCUMENT # N05000009707 05-03-2006 90247 035 ****61.25 FLORIDA FOR PEACE, INC. Principal Place of Business Mailing Address 60034766 910 32ND STREET 910 32ND STREET SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business 3. Mailing Address 4722 STEVENS DR 4722 STEVENS DR Suite, Apt. #, etc Suite, Apt. #, etc. 04282006 Cha-NP CR2E037 (4/06) 4. FEI Number 20-3492405 City & State City & State Applied For SARASOTA <u>ARASOT</u>A Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LENTINI JERALD M LENTINI, JERALD'M Street Address (P.O. Box Number is Not Acceptable) 910 32ND STREET SARASOTA, FL 34234 TEVENS DKINE 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition ENTINI, JERALD M LENTINI, JERALD M NAME NAME 910 32ND STREET 4722 STEVENS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP SARASOTA FL Delete ☐ Addition TITLE TITLE ☐ Change DELGADO, AIDAN NAME NAME 910 32ND STREET STREET ADDRESS STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LENTINI, JERALD M NAME NAME STREET ADDRESS 910 32ND STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP Delete TITLE Change Addition TITLE DELGADO, AIDAN YOUNG, ANDREW NAME STREET ADDRESS 910 32ND STREET STREET ADDRESS 7315 WESTMORELAND DR SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST- ZIP SARASOTA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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:

SIGNING OFFICER OR DIRECTOR

FILED