

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011029

FILED  
Apr 11, 2006  
Secretary of State

Entity Name: SWAP SHOP CHARITY CORP.

## Current Principal Place of Business:

3291 WEST SUNRISE BLVD  
FORT LAUDERDALE, FL 33311

## New Principal Place of Business:

3291 WEST SUNRISE BLVD  
FORT LAUDERDALE, FL 33311 US

## Current Mailing Address:

3291 WEST SUNRISE BLVD  
FORT LAUDERDALE, FL 33311

## New Mailing Address:

3291 WEST SUNRISE BLVD  
FORT LAUDERDALE, FL 33311 US

FEI Number: 20-3285570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENN, PRESTON  
3291 WEST SUNRISE BLVD  
FORT LAUDERDALE, FL 33311 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition  
Name: HENN, PRESTON  
Address: 3291 W SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: DS ( ) Change (X) Addition  
Name: MCDONALD, TOM  
Address: 3291 W SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: D ( ) Change (X) Addition  
Name: SCOTT, JIM  
Address: 3291 W SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: DV ( ) Change (X) Addition  
Name: CATHERS, CHRISTINA H  
Address: 3291 W SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 US

Title: DT ( ) Change (X) Addition  
Name: CATHERS, PAUL  
Address: 3291 W SUNRISE BLVD  
City-St-Zip: FT LAUDERDALE, FL 33311 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: PRESTON HENN

DP

04/11/2006

Electronic Signature of Signing Officer or Director

Date