2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# N05000012897

Entity Name: NO TROUBLE CHILDREN'S CHARITY INC.

Current Principal Place of Business:

50-84TH AVE.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

6850 BAY STREET
ST PETE BEACH, FL 33706

Current Mailing Address:

50-84TH AVE.
TREASURE ISLAND, FL 33706

New Mailing Address:

6850 BAY STREET
ST. PETE BEACH, FL 33706

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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, AMBER
50-84TH AVE.
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

SAMPLE, AMBER
6850 BAY STREET
ST. PETE BEACH, FL 33706 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: 07/14/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: SAMPLE, AMBER
Address: 50-84TH AVE.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: V ( ) Delete
Name: LAKOLINSKI, STEFAN
Address: 50-84TH AVE.
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SAMPLE, AMBER
Address: 6850 BAY STREET
City-St-Zip: ST. PETE BEACH, FL 33706

Title: V (X) Change ( ) Addition
Name: LAKOLINSKI, STEFAN
Address: 6850 BAY STREET
City-St-Zip: ST. PETE BEACH, FL 33706

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: AMBER SAMPLE PST 07/14/2006
Electronic Signature of Signing Officer or Director — Date