

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007712

FILED
Aug 08, 2006
Secretary of State

Entity Name: FIFTY PLUS INC.

Current Principal Place of Business:

400 CARRIAGE HOUSE LANE #102
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

400 CARRIAGE HOUSE LANE #102
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 13-3898529 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

KOSZARSKI, THADDEUS
400 CARRIAGE HOUSE LANE #102
NOKOMIS, FL 34275 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXD () Delete
Name: KOSZARSKI, THADDEUS
Address: 400 CARRIAGE HOUSE LANE #102
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: EL-KADI, MARJORIE
Address: 400 CARRIAGE HOUSE LANE #102
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: KOSZARSKI, RICHARD
Address: 400 CARRIAGE HOUSE LANE #102
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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: THADDEUS KOSZARSKI

EXD

08/08/2006

Electronic Signature of Signing Officer or Director

Date