

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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

DOCUMENT # N10521 <small>1. Entity Name</small> THE SERVANTS BRANCH, INC.		
<small>Principal Place of Business</small> 102 CEDAR POINT LANE LONGWOOD, FL 32779 US	<small>Mailing Address</small> 102 CEDAR POINT LANE LONGWOOD, FL 32779 US	
<p>DO NOT WRITE IN THIS SPACE</p>		
 01102006 No Chg-NP CR2E037 (11/05)		
4. FEI Number 59-2570585		<small>Applied For</small> <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LANDRY, LESLIE M 102 CEDAR POINT LANE LONGWOOD, FL 32779-4894		<p>DO NOT WRITE IN THIS SPACE</p>
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.		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing \$5.00 May Be <small>Trust Fund Contribution.</small> <input type="checkbox"/> <small>Added to Fees</small>	
10. OFFICERS AND DIRECTORS		
<small>TITLE</small> PD <small>NAME</small> LANDRY, WINNIE <small>STREET ADDRESS</small> 102 CEDAR POINT LANE <small>CITY-ST-ZIP</small> LONGWOOD, FL 32779	<p>U00000389969 01/23/06-80006-017 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>	
<small>TITLE</small> TD <small>NAME</small> WARREN, CASSIDY <small>STREET ADDRESS</small> 1264 WATERBEACH CT <small>CITY-ST-ZIP</small> ALTAMONTE SPRINGS, FL 32779		
<small>TITLE</small> D <small>NAME</small> WARREN, MARCY <small>STREET ADDRESS</small> 1264 WATERBEACH CT <small>CITY-ST-ZIP</small> ALTAMONTE SPRINGS, FL 32779		
<small>TITLE</small> NAME <small>STREET ADDRESS</small> CITY-ST-ZIP		
<small>TITLE</small> NAME <small>STREET ADDRESS</small> CITY-ST-ZIP		
<small>TITLE</small> NAME <small>STREET ADDRESS</small> 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 this 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: <i>Winnie Landry</i>		Date: 1-10-06 Debit # Phone #: 407-788-2477