2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N12821

Entity Name: FRIENDS OF THE FULBRIGHT COMMISSION IN EGYPT, INC.

Current Principal Place of Business:

%MR. MITCHELL W. LEGLER
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

C/O HOBBY & HOBBY, PA
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

%MR. MITCHELL W. LEGLER
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

New Mailing Address:

C/O H. CLYDE HOBBY
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2607909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W ATTY.
300 WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

HOBBY, H. CLYDE ATTY.
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 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: H. CLYDE HOBBY 04/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: MIGID, ADEL A DR
Address: UNIV. OF AKRON, SCHOOL OF D, T &A ADMIN
City-St-Zip: AKRON, OH 443251005

Title: SD ( ) Delete
Name: RADWAN, ANN B
Address: 300 A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete
Name: GENTRY, EARLENE
Address: 300 A WHARFSIDE WAY
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: LOHOF, BRUCE
Address: 5709 TIDALWAVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition
Name: GENTRY, EARLENE
Address: 5709 TIDALWAVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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: H. CLYDE HOBBY RA 04/19/2006
Electronic Signature of Signing Officer or Director Date