FROM :

FAX NO. :4073450938

FILED
Jul 20, 2005 8:00 am
Secretary of State
07-20-2005 90028 007 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18357

1. Entity Name
ENCOURAGE, INC.

50056445

Principal Place of Business	Mailing Address
~~7041 GRAND NATL DRIVE~~ SEE ADDRESS BELOW ~~STE 211~~ ~~ORLANDO, FL 32819 US~~	~~7041 GRAND NATL DRIVE~~ 1400 COMPUTER DRIVE ~~STE 211~~ SUITE 300 ~~ORLANDO, FL 32819 US~~ WESTBOROUGH, MA 01581

04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3333 S. ORANGE AVENUE	1400 COMPUTER DRIVE
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 300
City & State ORLANDO, MA	City & State WESTBOROUGH, MA
Zip / Country 32806 / USA	Zip / Country 01581 / USA

4. FEI Number
59-2752833
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVNEUE S-1500 ORLANDO, FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MINER, PAULA ~~P.O. BOX 17375~~ SEE ADDRESS CHANGE ⇒ ~~WORCESTER, MA 01601~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MINER, PAULA 1400 COMPUTER DRIVE, SUITE 300 WESTBOROUGH, MA 01581	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT POITRAS, EDWARD W. ~~7401 BRAND NATIONAL DR. #211~~ SEE ADDRESS CHANGE ⇒ ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT POITRAS, EDWARD W. 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS POITRAS, KAY G. ~~7401 BRAND NATIONAL DR. #211~~ SEE ADDRESS CHANGE ⇒ ~~ORLANDO, FL 32819~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS POITRAS, KAY G. 3333 S. ORANGE AVENUE, SUITE 200 ORLANDO, FL 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RILEY, THOMAS G 2601 BABCOCK ROAD VIENNA, VA 22181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUER, JAY 3815 SW 6TH PLACE GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEEN, G. COMFORTED 1209 PARKSIDE DRIVE ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] TREASURER 7-12-05 508/926-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAULA A. MINER