


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N18357
 1. Entity Name
ENCOURAGE, INC.



Principal Place of Business 3333 S. ORANGE AVENUE SUITE 200 ORLANDO, FL 32806 US	Mailing Address 1400 COMPUTER DRIVE SUITE 300 WESTBOROUGH, MA 01581 US
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2752833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEAN MEAD SERVICES, LLC
 800 N MAGNOLIA AVNEUE
 S-1500
 ORLANDO, FL 32803

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MINER, PAULA 1400 COMPUTER DRIVE, SUITE 300 WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POITRAS, EDWARD W. 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS POITRAS, KAY G. 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, THOMAS G 2601 BABCOCK ROAD VIENNA, VA 22181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUER, JAY 3815 SW 6TH PLACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEN, G. COMFORTED 1209 PARASIDE DRIVE ORMOND BEACH, FL 32714

1000000382042
 01/11/06-80080-011 61.25

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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: Paula A. Miner, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 PAULA A. MINER

1/6/2006 5081926-2444
Date Date Paid