

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 09, 2007 8:00 am**  
**Secretary of State**

01-09-2007 90056 037 \*\*\*\*61.25

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01042007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N18357</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 AVENUE S-1500 ORLANDO, FL 32803				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 1400 COMPUTER DRIVE, SUITE 300 WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FRANCIS MACNUTT 4999 RAVENEL PLACE JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POITRAS, EDWARD W. 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DAVID BRYAN 36 SPICEBUSH LANE PAWLEYS ISLAND SC 29585 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS POITRAS, KAY G. 3333 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TODD HUNTER 4859 BRADLEY BOISE, ID 83714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, THOMAS G 2601 BABCOCK ROAD VIENNA, VA 22181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUER, JAY 3815 SW 6TH PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEN, G. COMFORTED 1209 PARKSIDE DRIVE ORMOND BEACH, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAULA A. MINER		Date 1/04/2007		Daytime Phone # 508-926-2444	