2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# N20503

Entity Name: ORDER OF TRISTAN, INC.

Current Principal Place of Business:

PO BOX 13134
PENSACOLA, FL 32591 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 13134
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWENS, TOM
1901 E GADSDEN STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DYSON, PETER A
Address: 2750 BELLE CHRISTENE CIR
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete
Name: OWENS, TOM
Address: 1901 EAST GADSEN ST.
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: ROBINSON, IV, GROVER
Address: 800 FT PICKENS RD, UNIT 201
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TOM OWENS TD 01/27/2006

Electronic Signature of Signing Officer or Director — Date