## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mre.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90036 043 \*\*\*\*61.25

DOCUMENT # N23795  1. Entity Name MAIN STREET FORT PIERCE, INC.												
Principal Place of Business 210 S DEPOT DRIVE FT PIERCE, FL 34950				Mailing Address 210 S DEPOT DRIVE FT PIERCE, FL 34950			50009937					
2. Principal Place of Business 1 AA A.E. BACKUS AVE Suite, Apt. #, etc.				3. Mailing Address  1 A A A E BACKUS AVE  Suite, Apt. #, etc.			03242006 Chg-NP CR2E037 (11/05)					
City & State FORT PIERCE, FL				City & State FORT PIERCE, FL				4. FEI Number 59-287965			A	pplied For
Zip34950 Country			Zí	<del> </del>	intry	5. Certificate of Status Desire			CO 75 1300			
	6. Name	and Address of Current I	Register	ed Agent				7. Name and Add	iress of New R	gistered.	Agent	
TILLMAN, DORIS 210 S DEPOT DRIVE FORT PIERCE, FL 34950						Name Street Address (P.O. Box Number is Not Acceptable)						
						122 A.E. BACKUS AVE.						
								PIERCE		FL	Zip Coo	950
8. The above the obligat SIGNATURE	ions of regist	y submits this statement for lered agent. or printed name of registered agent a						ed agent, or both, in	the State of Flo.	rida. I am	familiar with	, and accept
	Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Trust Fund Contribu							\$5.00 May Be Added to Fees	1		k payable t tment of S	
10.	l n T	OFFICERS AND DIR	ECTORS		11.		- /	ADDITIONS/CHANG	ES TO OFFICER	RS AND DI	RECTORS II	V 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DAVID DCEAN DRIVE #3926 ERCE, FL 34949		☐ Delete		- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2780 S. B	DS, BRITT ROCKSMITH ROAD ERCE, FL 34945		☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	РОВОХ	EE, ANNE 1480 E, FL 34954	-	☐ Delete			<b>3</b> 3	SAA CORTI	EZ AVE	3296	Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	5105 FEA	E, PAMELA THER CREEK DRIVE ERCE, FL 34951		☐ Delete		i i					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete						,	☐ Change	☐ Addition
of the cor	on this repor poration or th	e information supplied with it or supplemental report is ne receiver or trustee empor achment with an address, w	true and wered to	accurate and that n execute this report	ny signati as requir	ura chall ha	wa tha c	earne langt affact acti	if made under e	athithat La	an an allica	

4-4-06

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Daytime Phone #