

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90031 024 \*\*\*\*61.25

<b>DOCUMENT # N24167</b> 1. Entity Name <b>E.A.S.E. FOUNDATION, INC.</b>			
Principal Place of Business <b>6901 ORANGE DRIVE</b> <b>DAVIE, FL 33314 US</b>		Mailing Address <b>6901 ORANGE DRIVE</b> <b>DAVIE, FL 33314 US</b>	
2. Principal Place of Business <b>6901 Orange Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>6901 Orange Dr</b> Suite, Apt. #, etc.	
City & State <b>Davie, FL</b> Zip <b>33314</b>		City & State <b>Davie, FLA</b> Zip <b>33314</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>65-0050648</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KLEINRICHERT, JAMES E.</b> <b>6255 STERLING RD.</b> <b>DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>OWEN, LINDA J</b> <b>6901 ORANGE DR</b> <b>DAVIE, FL 33314</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>WALLACE, CHRIS</b> <b>4801 S. UNIVERSITY DR. STE #253</b> <b>DAVIE, FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>RAO, MELINDA</b> <b>1100 SE 3 AVENUE</b> <b>FT. LAUDERDALE, FL 33316</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STUEHRENBURG, DARRELL REV</b> <b>7601 SW 39 ST</b> <b>DAVIE, FL 33328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KLEINRICHERT, JIM</b> <b>6255 STERLING RD</b> <b>DAVIE, FL 33314</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PASQUALE, CARA</b> <b>1800 N. DOUGLAS RD.</b> <b>PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.		CHAIRMAN <b>STUART SCHACK</b> <b>7972 NW 19 CT</b> <b>PEMBROKE PINES, FL 33024</b>	
<b>SIGNATURE:</b>		<b>LINDA J. OWEN</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/6/06</b> Daytime Phone # <b>954-797-1077</b>	