


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90021 050 ****70.00

DOCUMENT # N24233	
1. Entity Name MARION PINES PIONEERS, INC.	

Principal Place of Business 2828 NE 49 AVENUE BOX 125 OCALA, FL 34470	Mailing Address 2828 NE 49 AVENUE BOX 125 OCALA, FL 34470
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40037325



03192006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BASHAM, MARY E 2828 NE 49 AVENUE BOX 129 OCALA, FL 34470
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Mary E Basham</u> DATE <u>3/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, ROLAND 2828 NE 49 AVENUE 145 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPTIC, DONALD 2828 NE 49 AVE #135 OCALA, FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROBERT 2828 NE 49 AVENUE 02 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, GLORIA 2828 NE 49 AVENUE 123 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASHAM, MARY 2828 NE 49 AVENUE 129 OCALA, FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, RICHARD 2828 NE 49 AVENUE 38 OCALA, FL 34470 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASHAM, FRED R. 2828 NE 49th AVE #129 OCALA, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN, GLORIA 2828 NE 49th AVE #123 OCALA, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, ELSE 2828 NE 49th AVE #91 OCALA, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPTIC, Jeanette 2828 NE 49th AVE #135 OCALA, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROGER 2828 NE 49th AVE #99 OCALA, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLAND HAYES 2828 NE 49th AVE #145 OCALA, FL 34470 <input checked="" 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: <u>Mary E Basham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>3/22/06</u>	DAYTIME PHONE: <u>352-236-3998</u>
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