2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N28660

Entity Name: ASSOCIATION OF UNITED PROFESSIONALS, INCORPORATED

Current Principal Place of Business:

ROTATE
P.O. BOX 6354
MARIANNA, FL 32447 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6354
MARIANNA, FL 32447 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:

SPIRES, WILLIE
4818 EBONY COURT
MARIANNA, FL 32446 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:	VP	( ) Delete
Name:	WILLIAMS, RANDY P	
Address:	4528 BELLAMY BRIDGE ROAD	
City-St-Zip:	MARIANNA, FL 32446	
Title:	P	( ) Delete
Name:	SPEIGHTS, JAMES E	
Address:	3195 BUTTERCUP LANE	
City-St-Zip:	MARIANNA, FL 32446	
Title:	TD	( ) Delete
Name:	MCCLENDON, MARY	
Address:	4275 OAK STREET	
City-St-Zip:	MARIANNA, FL 32447	
Title:	PD	( ) Delete
Name:	EDWARDS, LINDA	
Address:	5671 FT ROAD	
City-St-Zip:	GREENWOOD, FL 32443	
Title:	SD	( ) Delete
Name:	CALLIE, THOMAS	
Address:	2840 HAWK STREET	
City-St-Zip:	MARIANNA, FL 32448	

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:		
Title:	PD	(X) Change ( ) Addition
Name:	BREWER, BARBARA	
Address:	3470 BUMPNOSE ROAD	
City-St-Zip:	MARIANNA, FL 32447	
Title:	SD	(X) Change ( ) Addition
Name:	IRA, CLARK	
Address:	5900 HARTSFIELD ROAD	
City-St-Zip:	GREENWOOD, FL 32443	

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: JAMES E. SPEIGHTS P 04/10/2006

Electronic Signature of Signing Officer or Director — Date