


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90050 022 ****70.00

DOCUMENT # N34582 1. Entity Name DOVELAND, INC.	
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Principal Place of Business 601 COVENANT DRIVE BELLE GLADE, FL 33430-5728	Mailing Address 601 COVENANT DRIVE BELLE GLADE, FL 33430-5728
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60019805



2. Principal Place of Business		3. Mailing Address		01262006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0185583	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORRIS, ROBERT ESQ 685 ROYAL PALM BCH BLVD STE #205 ROYAL PALM BCH, FL 33411		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLENDON, EDNA O			NAME			
STREET ADDRESS	140 SANTA MONICA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REUTER, MONIKA			NAME			
STREET ADDRESS	4485 N.W. 65TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL, FL 33319			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, NORMAN			NAME	HARRISON, NORMAN		
STREET ADDRESS	324 EAST CANAL STREET SOUTH #7			STREET ADDRESS	340 NOAH COURT		
CITY-ST-ZIP	BELLE GLADE, FL 33430			CITY-ST-ZIP	BELLE GLADE FLORIDA 33430	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, LAURA			NAME			
STREET ADDRESS	440 WEST 30TH STREET			STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, NANCY			NAME			
STREET ADDRESS	1740 SE AVENUE K			STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE, FL 33430			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:  **JANUARY 26, 2006 561-996-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDNA O. MCCLENDON, PRESIDENT