2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N37825

Entity Name: ART AGAINST AIDS, INC.

Current Principal Place of Business:

207 JEFFERSON ST.
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 12915
PENSACOLA, FL 325912915

New Mailing Address:

FEI Number: 59-3004206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDMAN, JIM
114 1/2 SOUTH PALAFOX STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

GOLDMAN, JIM
1006 NORTH PALAFOX STREET
PENSACOLA, FL 32501 US

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: _____ 04/26/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	ST	( ) Delete
Name:	WATSON, EARL	
Address:	1602 N. 10TH AVE.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	VELARDI, MITZI	
Address:	1521 E. BOBE ST.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	CRAIN, RICHARD	
Address:	292 ECHO CR	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	MILLER, DARRELL	
Address:	3630 FLINTWOOD CR	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	VPD	( ) Delete
Name:	KILLOUGH, GARY	
Address:	304 KEPNER DR.	
City-St-Zip:	FT. WALTON BEACH, FL	
Title:	PD	( ) Delete
Name:	GOLDMAN, JAMES N	
Address:	45 SOUTH JEFFERSON ST	
City-St-Zip:	PENSACOLA, FL	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 GOLDMAN PD 04/26/2006
Electronic Signature of Signing Officer or Director — Date