
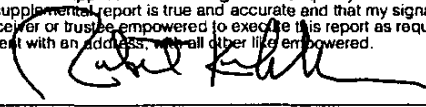


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-20-2006 90048 048 ****61.25

DOCUMENT # N38173 1. Entity Name BLIND AMERICANS, INC.		
Principal Place of Business C/O ROBERT M. KROKKER 6055 N. CARL G. ROSE HWY. HERNANDO, FL 34442-2140		Mailing Address C/O ROBERT M. KROKKER 6055 N. CARL G. ROSE HWY. HERNANDO, FL 34442-2140
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KROKKER, ROBERT M. 8391 N. TEE LAKE POINT HERNANDO, FL 32642		DO NOT WRITE IN THIS SPACE
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 renewing)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KROKKER, ROBERT M. 8391 N. TEE LAKE PT. HERNANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIEKKA, JAMES 5689 W THOMAS CT HOMOSASSA, FL 34446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEBERT, PHYLLIS 3441 E. JONAH PL. INVERNESS, FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONER, KAREN 226 S. CANADAY DR INVERNESS, FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KROKKER, EVELYN 8391 N. TREE LAKE PT HERNANDO, FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresp. Sec. Butler, Kathleen 1429 W. Highland Blvd Inverness, FL 34452	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3009855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

2/7/06 (352)637-1739
Date Daytime Phone #