## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

LAKELAND, FL 33801

SIGNATURE: (

## Secretary of State **DOCUMENT # N40628** 07-28-2006 90032 037 \*\*\*\*61.25 PAINT YOUR HEART OUT LAKELAND, INC. POLLUEUR Principal Place of Business Mailing Address P.O. BOX 1712 P.O. BOX 1712 LAKELAND, FL 33802 LAKELAND, FL 33802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Cha-NP CR2E037 (4/06) City & State City & State 4. FEI Number Applied For 59-3034500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RKULE. MERRITT, KEITH P PRES. Street Address (P.O. Box Number is Not Acceptable 1915 EAST FERN ROAD LAKELAND, FL 33801 City LAKELAND 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. Fam familiar with, and accept the obligations of registered agent. 'SIGNATURI 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Due by September 6, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PΝ TITLE Delete TITLE Change Addition BRUCE, ALEXANDER MERRITT, KEITH NAME NAME 701 TEFFERSON STREET ADDRESS 1915 EAST FERN ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP LAKELANT 33801 TD ☐ Delete TITLE ☐ Change **Addition** SUTTON, BERNICE 85ATTH, PAT 111 LAKE HOLLINGSWORTH DR NAME NAME 1501 GRASSLANDS BLVD., #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP LAKELAND FL 33801 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEISLER, BERNIE NAME NAME STREET ADDRESS P.O. BOX 611 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33802 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition BRUCE, ALEXANDER M NAME NAME STREET ADDRESS 111 LAKE HOLLINGSWORTH DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition ROBERTS, GENE NAME NAME STREET ADDRESS 524 PABLO ST STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPIVEY, TIM NAME NAME STREET ADDRESS 730 E MAIN ST STREET ADDRESS

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, willy all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER MIBRUCE 7/7/06

FILED Jul 28, 2006 8:00 am