
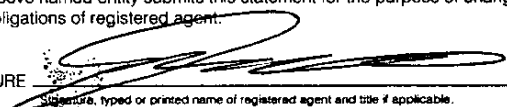
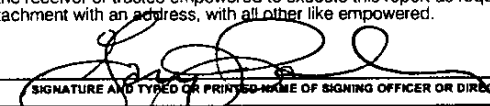


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90280 046 \*\*\*\*61.25

<b>DOCUMENT # N44330</b> 1. Entity Name <b>SARASOTA*MANATEE CHAPTER OF THE ASSOCIATION OF LEGAL ADMINISTRATORS, INC.</b>					
Principal Place of Business <b>1750 RINGLING BLVD SARASOTA, FL 34236 US</b>			Mailing Address <b>P.O. BOX 48616 SARASOTA, FL 34230 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0271301</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LITTLE, LOUISE 1001 AVENIDA DEL CIRCO VENICE, FL 34292</b>			7. Name and Address of New Registered Agent Name <b>SMCALA C/O ABEL BAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>ATTN: TODD RAINS</b> <b>240 S. PINEAPPLE AVE. 10<sup>th</sup> FLOOR</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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.</small>			DATE <b>4/10/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD KING, SANDRA 1819 MAIN ST. STE610 SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>YD LITTLE, LOUISE 1001 AVENIDA DEL CIRCO VENICE, FL 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD CHERP, MICHELLE 1432 FIRST STREET SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD RAINS, TODD 240 S. PINEAPPLE AVENUE SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD PARKER, GARY 401 N CATTLEMAN RD. STE 305 SARASOTA, FL 34232</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD AIKEN, VALERIE 355 W. VENICE AVENUE VENICE, FL. 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>YD RAINS, TODD 240 S PINEAPPLE AVE SARASOTA, FL 34236</b>	<input checked="" type="checkbox"/> Delete <b>CHANGE</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD TOSCH, ROBIN 1800 SECOND STREET SUITE 808 SARASOTA, FL 34236</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/30/06</b> <b>941-341-9774</b> <small>Date Daytime Phone #</small>		