2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46797

FILED Mar 16, 2005 Secretary of State

US

Entity Name: KEEP PINELLAS COUNTY BEAUTIFUL, INC.

Current Principal Place of Business: New Principal Place of Business:

331 AACLOTE RD 14 NO. ORION AVE

SUITE 105 CLEARWATER, FL 33765

TARPON SPRINGS, FL 34688 US

Current Mailing Address: New Mailing Address:

PO BOX 1482 PO BOX 1482

TARPON SPRINGS, FL 34689 US TARPON SPRINGS, FL 34688 US

FEI Number: 65-0309717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAPORTE, TARA M SWINT, DOROTHEA 4153 CHESTERDFEILD CIRLCE 14 NO. ORION AVE

PALM HARBOR, FL 34683 US CLEARWATER, FL 33765 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: DOROTHEA SWINT 03/16/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CD () Delete Title: CD (X) Change () Addition

 Name:
 MCCANN, WILLIAM
 Name:
 JAMES, ERIC

 Address:
 PO BOX 1482
 Address:
 PO BOX 1482

City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 DOVE, SUSAN
 Name:
 SWINT, DOROTHEA

 Address:
 PO BOX 1482
 Address:
 PO BOX 1482

City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete Title: () Change () Addition

 Name:
 STORY, MARY
 Name:

 Address:
 PO BOX 1482
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34688
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

Name: JAMES, ERIC Name: KALADA, JOSEPH
Address: PO BOX 1482 Address: PO BOX 1482

City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

 $\label{eq:title:D} {\sf Title:} \qquad {\sf O/D} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

Name: JAMES, ERIC O/D Name: MC CANN, WILLIAM

Address: 331 ANCLOTE RD Address: PO BOX 1482

City-St-Zip: TARPON SPRINGS, FL 34689 US City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOROTHEA SWINT STD 03/16/2005

Electronic Signature of Signing Officer or Director

Date