2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000246

Entity Name: FLORIDA SIDS ALLIANCE, INC.

FILED Jul 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P.O. BOX 17561

WEST PALM BEACH, FL 33416 US

Current Mailing Address: New Mailing Address:

P.O. BOX 17561 11640 SW 64 AVENUE WEST PALM BEACH, FL 33416 US PINECREST, FL 33156 US

FEI Number: 52-1747597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BONWIT, STEVEN
17891 SO DIXIE HWY
STE. G
MIAMI, FL 33157 US

HAMER, BUNNY D
11640 SW 64 AVENUE
PINECREST, FL 33156 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: BUNNY D. HAMER 07/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: () Change () Addition

 Name:
 HAMER, BUNNY D
 Name:

 Address:
 11640 SW 64 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 BAGLEY, ROY
 Name:

 Address:
 14 CHARLONATE DRIVE
 Address:

 City-St-Zip:
 GRAY, ME 03949
 City-St-Zip:

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

 Name:
 BONWIT, STEVEN
 Name:
 BONWIT, STEVEN

 Address:
 17891 SO DIXIE HWY SUITE G
 Address:
 8281 SW 186 STREET

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

Title: SD () Delete Title: () Change () Addition

 Name:
 SCULLEY, LISA
 Name:

 Address:
 8626 WYNDHURST DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

Name: LAMPKE, LAURA Name: LAMPKE, LAURA
Address: 1797 CASTILLE DRIVE Address: 405 OAK DRIVE SOUTH

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: BUNNY D. HAMER VD 07/26/2006