2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# N93000004214

Entity Name: THE K.D. EDWARDS MEMORIAL SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

17000 N.W. 67TH AVE
SUITE 329
HIALEAH, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

17000 N.W. 67TH AVE
SUITE 329
HIALEAH, FL 33015 US

New Mailing Address:

FEI Number: 65-0461990 **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:

EDWARDS, PATRICIA E
17000 NW 67TH AVE
#329
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDWARDS, PATRICIA E
Address: 17000 NW 67TH AVE #125
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete
Name: HEWETT, AUDLEY
Address: 9300 DADELAND BLVD., STE 210
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: SIMMONDS, FRANCENE
Address: 19201 NW 52 COURT
City-St-Zip: MIAMI, FL 33055

Title: VT ( ) Delete
Name: PRYOR, MARY ELLEN
Address: 2977 SETRIANGLE RD
City-St-Zip: PALM BAY, FL 32909

Title: S ( ) Delete
Name: CHARLES, SONIA E
Address: 19422 NW 54TH PL
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EDWARDS, PATRICIA E
Address: 17000 NW 67TH AVE #329
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SIMMONDS, FRANCENE
Address: 4371 PRESERVE TRAIL
City-St-Zip: SNELLVILLE, GA 30039

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: F. SIMMONDS D 05/16/2006

Electronic Signature of Signing Officer or Director — Date