2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004720

Entity Name: COUNTRY SWINGERS, INC.

Apr 25, 2005 Secretary of State

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

5704 DESOTO CITY RD. 323 BOBWHITE DR.

SEBRING, FL 33870 SEBRING, FL 33875 US

Current Mailing Address: New Mailing Address:

5704 DESOTO CITY RD. 323 BOBWHITE DR.

SEBRING, FL 33870 SEBRING, FL 33875 US

FEI Number: 65-0515509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SILVER, JANET JELICKS, RON 323 BOBWHITE DR. 5704 DESOTO CITY RD.

SEBRING, FL 33870 SEBRING, FL 33875 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: SILVER JANET 04/25/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WAUCHULA, FL 33873

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PITCHER, LEONARD LOOMIS, BONNIE Name: Name: 205 DOVE AVE. Address: 2 PINETREE CT. Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: LAKE PLACID, FL 33852

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

RICHARD, BEGLER L Name: WOOLLACOTT, DICK Name: Address: 35 EDGEWATER DR., W Address: 168 PARKVIEW CIRCLE City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: LAKE PLACID, FL 33852

() Change () Addition

Title: () Delete Title: BEHUN, MONICA Name: Name: 2231 ALLIGATON ALLEY Address: Address:

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

Name: SILVER, JANET Name: SILVER, JANET 323 BOB WHITE DR. W 323 BOB WHITE DR. Address: Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: SEBRING, FL 33875

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

OLIPHANT, PAULINE BAYLESS, DIANE Name: Name: 10102 WILLOW LANE 5931 HAMMOCK RD. Address: Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: SEBRING, FL 33872

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

VON PLOENNIES, KATSUE Name: Name: Address: Address: 2237 ALLIGATOR ALLEY WAUCHULA, FL 33873 City-St-Zip: City-St-Zip:

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.

City-St-Zip:

SIGNATURE: JANET SILVER Т 04/25/2005