

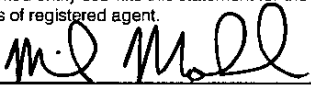
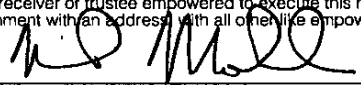


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90093 013 \*\*\*\*70.00

<b>DOCUMENT # N94000005171</b>						
<b>1. Entity Name</b> CITIZENS FOR CONSTITUTIONAL PROPERTY RIGHTS LEGAL FOUNDATION, INC.						
<b>Principal Place of Business</b> P O BOX 757 CRESTVIEW, FL 32536			<b>Mailing Address</b> P O BOX 757 CRESTVIEW, FL 32536			
<b>2. Principal Place of Business</b> 65 Country Club Rd. Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 321416 Suite, Apt. #, etc.				
<b>City &amp; State</b> Cocoa Beach, FL		<b>City &amp; State</b> Cocoa Beach, FL		<b>4. FEI Number</b> 59-3278924		
<b>Zip</b> 32931		<b>Country</b> Brevard		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> RUSSELL, DAVID A 499 N FERDON BLVD CRESTVIEW, FL 32536			<b>7. Name and Address of New Registered Agent</b> Name: Michael Moehle Street Address (P.O. Box Number is Not Acceptable): 65 Country Club Rd. City: Cocoa Beach, FL 32931			
<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.</b> SIGNATURE:  DATE: 4/26/06						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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>			
<b>TITLE</b> D	<b>NAME</b> RUSSELL, DAVID A		<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 499 N FERDON BLVD	<b>CITY-ST-ZIP</b> CRESTVIEW, FL 32536			<b>STREET ADDRESS</b> P.O. BOX 321416	<b>CITY-ST-ZIP</b> COCOA BEACH, FL 32932	
<b>TITLE</b> D	<b>NAME</b> MOEHLE, MIKE		<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> P.O. BOX 321416	<b>CITY-ST-ZIP</b> COCOA BEACH, FL 32932			<b>STREET ADDRESS</b> 2925 BUSINESS CENTER PKWY. STE A-1R	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940	
<b>TITLE</b> TRUS	<b>NAME</b> SIMMS, DON		<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2925 BUSINESS CENTER PKWY. STE A-1R	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940			<b>STREET ADDRESS</b> P.O. BOX 321416	<b>CITY-ST-ZIP</b> COCOA BEACH, FL 32932	
<b>TITLE</b> D	<b>NAME</b> RUSSELL, DAVID A		<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>STREET ADDRESS</b> 2925 BUSINESS CENTER PKWY. STE A-1R	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940			<b>STREET ADDRESS</b> P.O. BOX 321416	<b>CITY-ST-ZIP</b> COCOA BEACH, FL 32932	
<b>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>						
<b>SIGNATURE:</b> 			Date: 4/26/06		Daytime Phone #: 321-783-6955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						