


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000006223</b> 1. Entity Name <b>NANA'S HOUSE, INC.</b>					
Principal Place of Business <b>610 FERRIS ST GREEN COVE SPRINGS FL 32043</b>			Mailing Address <b>610 FERRIS ST GREEN COVE SPRINGS FL 32043</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE      CR2E037 (10/05)	
City & State		City & State		4. FEI Number <b>59-3286023</b> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'LINGER, JOHN W 8512 MOODT CANAL RD SAINT AUGUSTINE FL 32092</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BROWN, THEODORE E 6498 OAK DR GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>DYER, EDWARD 851 BULKHEAD RD GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBERTS, MATTHEW 840 COOKS LANE APT 102 GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>OLINGER, JOHN 8512 MOODY CANAL RD SAINT AUGUSTINE FL 32092</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DENTON, ROGER 1149 IDLEWILD AVE #13 GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Address	



1st MOORE      CR2E037 (10/05)

4. FEI Number      **59-3286023**      Applied For Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

1100000456329  
02-16-06-90025-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 prepare 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 employees.

23-06      (901310305)