


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90252 013 \*\*\*\*70.00

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| <b>DOCUMENT # N95000001315</b>   |  |   |  |
| 1. Entity Name<br>THE ATHENA HOUSE CORPORATION, INC.   |  |  |  |
| Principal Place of Business<br>212 S. MONROE STREET<br>TALLAHASSEE, FL 32301   |  | Mailing Address<br>P.O. BOX 37305<br>TALLAHASSEE, FL 32315   |  |
| 2. Principal Place of Business<br>249 JOHN KNOX ROAD<br>Suite, Apt. #, etc.<br>SUITE 100   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State<br>Tallahassee, FL  |  | City & State   |  |
| Zip<br>32303   | Country<br>US                              | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br>GAVALAS, MIKE<br>212 S. MONROE STREET<br>TALLAHASSEE, FL 32301  |  | 7. Name and Address of New Registered Agent<br>Name: PATRICK O'LEARY<br>Street Address (P.O. Box Number is Not Acceptable): 249 JOHN KNOX ROAD SUITE 100<br>City: TALLAHASSEE FL Zip Code: 32303 |  |
| 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.<br>SIGNATURE: <i>Patrick G. O'Leary</i> Patrick G. O'Leary 4/20/06<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE   |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| Make check payable to Florida Department of State  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE: T<br>NAME: GAVALAS, MIKE<br>STREET ADDRESS: 212 S. MONROE STREET<br>CITY-ST-ZIP: TALLAHASSEE, FL 32301  | <input type="checkbox"/> Delete            | TITLE: T<br>NAME: PATRICK O'LEARY<br>STREET ADDRESS: 249 JOHN KNOX ROAD<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T<br>NAME: BERTO, ROBERT L<br>STREET ADDRESS: 8225 OVERVIEW COURT<br>CITY-ST-ZIP: ROSWELL, GA 30076   | <input type="checkbox"/> Delete            | TITLE: T<br>NAME: ADAM COREY<br>STREET ADDRESS: 2006 ALTON ROAD<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: T<br>NAME: OLEARY, PATRICK G<br>STREET ADDRESS: 6130 BORDERLINE DR.<br>CITY-ST-ZIP: TALLAHASSEE, FL 32312   | <input type="checkbox"/> Delete            | TITLE: T<br>NAME: MICHAEL YAVORSKY<br>STREET ADDRESS: 2112 SUEVIC ROAD<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T<br>NAME: HILAMAN, BILL<br>STREET ADDRESS: 3002 BRANDEMERE DR.<br>CITY-ST-ZIP: TALLAHASSEE, FL 32312   | <input checked="" type="checkbox"/> Delete | TITLE: T<br>NAME: BOB CARNES<br>STREET ADDRESS: 518 N. RIDE<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: T<br>NAME: LANG, DAVE<br>STREET ADDRESS: 6025 ROBERTS RD<br>CITY-ST-ZIP: TALLAHASSEE, FL 32309  | <input checked="" type="checkbox"/> Delete | TITLE: T<br>NAME: BOB CARNES<br>STREET ADDRESS: 518 N. RIDE<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: T<br>NAME: CARNES, BOB<br>STREET ADDRESS: 518 N. RIDE<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303   | <input type="checkbox"/> Delete            | TITLE: T<br>NAME: BOB CARNES<br>STREET ADDRESS: 518 N. RIDE<br>CITY-ST-ZIP: TALLAHASSEE, FL 32303  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |  |  |
| SIGNATURE: <i>Patrick G. O'Leary</i> Patrick G. O'Leary  |  | Date: 4/20/06 Daytime Phone #: 850/386-8500  |  |