

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002728

FILED
Jan 23, 2006
Secretary of State

Entity Name: STEP HOUSE, INC.

Current Principal Place of Business:

394 SOUTHLAND ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

394 SOUTHLAND ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0583171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, REGINA K
394 SOUTHLAND RD
VENICE, FL 34293 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: P () Delete
Name: MAXWELL, DONALD L
Address: 580 PORPOISE RD
City-St-Zip: VENICE, FL 34293

Title: VP () Delete
Name: MURPHY, SHARI
Address: 151 SOUTHLAND RD
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: DAMIANO, FRANKIE
Address: 127 N. LANE
City-St-Zip: OSPREY, FL 34229

Title: S (X) Delete
Name: WHITLOCK, TIM
Address: 919 TANAGER RD
City-St-Zip: VENICE, FL 34293

Title: CC (X) Delete
Name: OLSEN, GUY
Address: 3748 SHAMROCK DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SHARI MURPHY

VP

01/23/2006

Electronic Signature of Signing Officer or Director

Date