
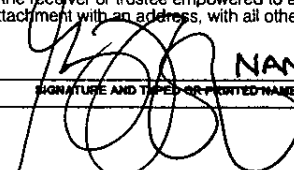


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90038 006 \*\*\*\*61.25

<b>DOCUMENT # N95000003928</b> 1. Entity Name <b>THE GROVE TREE-MAN TRUST, INC.</b>					
Principal Place of Business <b>P.O. BOX 1971 COCONUT GROVE, FL 33133 US</b>			Mailing Address <b>P.O. BOX 1971 COCONUT GROVE, FL 33133 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCMaster, JIM</b> <b>2940 SW 30TH COURT</b> <b>MIAMI, FL 33133</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>	
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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BILLIG, SUE</b>		NAME	<b>KISLAK, LYNN</b>	
STREET ADDRESS	<b>3595 AVOCADO AVE</b>		STREET ADDRESS	<b>2001 S. BAYSHORE DR.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLIFF, NANCY</b>		NAME	<b>BOGGIO, NANCY</b>	
STREET ADDRESS	<b>2238 SW 27 TERR</b>		STREET ADDRESS	<b>2485 S. BAYSHORE DR</b>	
CITY-ST-ZIP	<b>COCONUT GROVE, FL</b>		CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON, JOYCE</b>		NAME	<b>VER PLOEG, ANTHEA</b>	
STREET ADDRESS	<b>2535 INAGUA AVE</b>		STREET ADDRESS	<b>1980 TIGERTAIL</b>	
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>		CITY-ST-ZIP	<b>MIAMI, FL 33133</b>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		
NAME	<b>MCMaster, JIM</b>		NAME		
STREET ADDRESS	<b>2940 SW 30 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>DELMORE, NICK</b>		NAME		
STREET ADDRESS	<b>2238 SW 27 TERR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	<b>ORR, JUDY</b>		NAME		
STREET ADDRESS	<b>2250 SW 27 TR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>		CITY-ST-ZIP		
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>SIGNATURE:</b> 			<b>NANCY J. CLIFF</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/25/06      305.858.1767 <small>Date      Daytime Phone #</small>		