

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90405 024 ****61.25

DOCUMENT # N95000003974

1. Entity Name
ORLANDO AFTER-SCHOOL ALL-STARS, INC.



Principal Place of Business
**649 W. LIVINGSTON STREET
 ORLANDO, FL 32801**

Mailing Address
**649 W. LIVINGSTON STREET
 ORLANDO, FL 32801**

50008303



2. Principal Place of Business
400 S. ORANGE AVE
 Suite, Apt. #, etc.

3. Mailing Address
400 S. ORANGE AVE
 Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State
Orlando, Florida
 Zip **32801** Country **USA**

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Orlando, Florida
 Zip **32801** Country **USA**

4. FEI Number
59-3313614

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOWLESS, DONNA
 225 E. PINE ST., STE 355
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Charles J. Hawkins II**
 Street Address (P.O. Box Number is Not Acceptable)
201 S. Rosalind Ave. 3rd Floor
 City **Orlando** FL Zip Code **32802-1393**

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

Charles J. Hawkins II

3/29/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVC** Delete
 NAME **EARL, ROBERT**
 STREET ADDRESS **8669 COMMODITY CR.**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **ODS** Delete
 NAME **DOWLESS, DONNA**
 STREET ADDRESS **225 E. ROBINSON ST., #355**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **T** Delete
 NAME **LEONHARDT, FRED**
 STREET ADDRESS **201 E. PINE ST.**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **DC** Delete
 NAME **WYMAN, BETTY**
 STREET ADDRESS **400 S ORANGE AVE**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DUC** Change Addition
 NAME **TERRY BOWDEN**
 STREET ADDRESS **2047 Forest Club Drive**
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **OFS** Change Addition
 NAME **CHARLES J. HAWKINS II**
 STREET ADDRESS **201 S. Rosalind Ave. 3rd Fl**
 CITY-ST-ZIP **ORLANDO, FL 32802-1393**

TITLE Change Addition
 NAME **TANN JONES**
 STREET ADDRESS **9800 International Drive**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Betty J. Wyman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-06

Date

407-246-2899
 Daytime Phone #