

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004781

FILED
Apr 04, 2006
Secretary of State

Entity Name: STEWARDSHIP AMERICA, INC.

Current Principal Place of Business:

621 N.W. 53RD STREET
SUITE 240
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

621 N.W. 53RD STREET
SUITE 240
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0616858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, CRIAG
1230 NW 8TH STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

EVANS, CRAIG
1230 NW 8TH STREET
BOCA RATON, FL 33486 US

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: CRAIG EVANS

04/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVANS, CRAIG
Address: 1230 NW 8TH ST
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: DEFOUR, ALLISON III
Address: 200 W. COLLEGE AVE., STE 308
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: LITTLEJOHN, CHARLES
Address: 310 W. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WILLIAMSON, JR, FRANK
Address: 9150 NE 12TH AVE
City-St-Zip: OKEECHOBEE, FL 34973

Title: D () Delete
Name: LISKEY, TRACEY
Address: 4000 LOWER KLAMATH LAKE RD.
City-St-Zip: KLAMATH FALLS, OR 97603

Title: D () Delete
Name: CARLTON, PATRICK
Address: PO BOX 1088
City-St-Zip: WACHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DEFOUR, ALLISON III
Address: 200 W. COLLEGE AVE., STE 308
City-St-Zip: TALLAHASSEE, FL 32301

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: CRAIG EVANS

MR.

04/04/2006

Electronic Signature of Signing Officer or Director

Date