2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State

B961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919 2. Phyclopial Place of Business 68.10 INTERNATIONAL CNTR BLVD Suite, Apt. #, etc. City & State Colly & Colly & Colly Coll	DOCUMENT # N95000004921 1. Entity Name THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC.						02	2-06-2006 90	0064 042 *	***61.	.25
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City & State PORT MYERS, PL Zip 33912 Country USA 5. Continent on Status Desired Control State FORT MYERS, PL Zip 33912 Country USA 5. Continent on Status Desired Control State Fort MYERS, PL Applicable 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARRYLL R. BAUCHERT, Sz. Signs Address of New Registered Agent Name DARRYLL R. BAUCHERT, Sz. Signs Address of New Registered Agent Name DARRYLL R. BAUCHERT, Sz. Signs Address of New Registered Agent Name DARRYLL R. BAUCHERT, Sz. Signs Address of New Registered Agent Name DARRYLL R. BAUCHERT, Sz. Signs Address of New Registered Agent Name DARRYLL R. BAUCHERT, Sz. Signs Address of Popular Signs Agent Signs Address of New Registered Agent New Agent Signs Address of New Registered Agent New Agent Signs Address of New Registered Agent New Agent Signs Agent Sig	2. Principal Place of Business 6810 INTERNATIONAL CNTR BLVD SAM					- —					
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S. Name and Address of Current Registered Agent Name DARRYLL R. BAUCHERT, JC.			FORT MYERS, FL				93		Not	Applicable	
MARKHAM, L. GAIL 8961 CONFERENCE DRIVE SUITE 1 FORT MYERS, FL 33919 City FORT MYERS FL Zip Codeg 3907 8. The above named entity submeted site spatement for the purpose of principles is registered office or registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent. Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. 19. OFFICERS AND DIRECTORS TITLE DELIZA, CAROLYN SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33902 TITLE ORT-S1-2P FORT MYERS, FL 33902 TITLE ORT-S1-2P FORT MYERS, FL 33904 TITLE SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MYERS, JOSHUA SIRET AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TITLE MAKE AUDRESS ORT-S1-2P FORT MYERS, FL 33994 TO AUDR	Zip 33	912	Country USA	^{Zip} 33912	Country U:	5 A	5. Certificate of S	itatus Desired			
MARKHAM, L. GAIL SIGNATURE SUITE 1 FORT MYERS, FL 33919 City FORT MYERS FL Zip Codeg 3907 6. The above named entity submiss-title systemage for the purpose of efforging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registred agent. SIGNATURE SIG		6. Name	and Address of Current R	egistered Agent			7. Name and Add	dress of New Re	gistered Agen	t	
SIGNATURE FILING Foot Section Companies agent and title 4 accidable. In a above named entity subminishing systematic for purpose of pranging its registered agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Foot Signature required agent, or both, in the State of Richard Both Signature required agent, or both, in the State of Richard Both Signature required agent, or both, in the State of Richard Both Signature required agent, or both, in the State of Richard Both Signature required agent, or both, in the State of Richard Both Signature required agent, or both, in the State of Richard Both Signature required agent, or both, in the State of Richard Both, in t	MARKHAN	4 I GAIL			Name	³ DARRY	LL R. BAUC	CHERT, Sa	•		
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Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed	or prigger name of registered agent a	nd title if applicable. {NOTE:	Registered Agent sig	mature required	d when reinstating)		DATE		
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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 trusted empowered to execute this report as regained 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 the empowered.

SIGNATURE: _