2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N96000000956

Entity Name: CALHOUN STREET DOWNTOWN BABIES, INC.

Current Principal Place of Business:

303 E. JEFFERSON ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

303 E. JEFFERSON ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3392017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NABORS, JOAN
4504 ROCKBRIDGE HOLLOW
TALLAHASSEE, FL 32308 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: PD ( ) Delete
Name: DOUGHTY, TOM
Address: 8087 EVENCY STAR LA
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD ( ) Delete
Name: NABORS, ROBERT L
Address: 4504 ROCKBRIDGE HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DAUGHTON, JIM
Address: 315 S. CALHOUN ST., #600
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Delete
Name: HULSE, DAVID
Address: 12567 N MERIDIAN
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: M (X) Change ( ) Addition
Name: NABORS, ROBERT L
Address: 4504 ROCKBRIDGE HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD (X) Change ( ) Addition
Name: GARLAND, KELLY
Address: 604 PIEDMONT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: M (X) Change ( ) Addition
Name: DEMPSEY, HAYDEN
Address: 101 E. COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: M ( ) Change (X) Addition
Name: ZUBALY, AMY
Address: 6352 GLASGOW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

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: TOM DOUGHTY PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date