2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003716

Title:

Title:

Name:

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City-St-Zip:

FILED Apr 18, 2006 Secretary of State

Entity Name: ISPI INCORPORATED-SOUTH FLORIDA GOLD COAST CHAPTER

Current Principal Place of Business: New Principal Place of Business: 1501 S. OCEAN DRIVE 1505 LAKEVIEW CIRCLE CORAL SPRINGS, FL 33071 US #106 HOLLYWOOD, FL 33019 US **New Mailing Address: Current Mailing Address:** 1501 S. OCEAN DRIVE 1505 LAKEVIEW CIRCLE #106 CORAL SPRINGS, FL 33071 US HOLLYWOOD, FL 33019 US FEI Number: 59-2687131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LAND, THOMAS P TAYLOR, J. B 11584 QUIET WATERS LANE 416 SANTANDER AVE. BOCA RATON, FL 33428 APT. B CORAL GABLES, FL 33134 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: J. BENNETT TAYLOR 04/18/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TREA () Delete (X) Change () Addition POMORSKI, KAREN TOMPKINS, GERRY E Name: Name: 1501 S. OCEAN DRIVE Address: 1505 LAKEVIEW CIRCLE Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: CORAL SPRINGS, FL 33071 US Title: Title: SECY () Change (X) Addition () Delete Name: TODD, NOVA A Name: Address: Address: 73 NW 108TH ST. City-St-Zip: City-St-Zip: MIAMI SHORES, FL 33168 US Title: () Delete Title: () Change (X) Addition ALCIVAR, MICHAEL L Name: Name: 3095 N. COURSE DR., #412 Address: Address: City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33069 US Title: () Delete Title: () Change (X) Addition OLIVA, SUSAN Name: Name: 8949 W. SUNRISE BLVD. Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33322

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: J. BENNETT TAYLOR PRES 04/18/2006

() Delete

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O'CONNELL, ANDREA

TAYLOR, J. B

4610 W. MCNAB ROAD, UNIT B-1

POMPANO BEACH, FL 33069 US

416 SANTANDER AVE., APT. B CORAL GABLES, FL 33134 US