

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004915

FILED
Jul 02, 2004
Secretary of State**Entity Name:** THE RIPPLE EFFECT, INC.**Current Principal Place of Business:**227 NORTH MAGNOLIA AVENUE
SUITE 206
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**227 NORTH MAGNOLIA AVENUE
SUITE 206
ORLANDO, FL 32801**New Mailing Address:****FEI Number:** 59-3417252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CARUSO, KELLY L
4700 FORT KNOX CT
ORLANDO, FL 32822 US**Name and Address of New Registered Agent:**CARUSO, KELLY L
POST OFFICE BOX 990
ORLANDO, FL 32802 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: KELLY L. CARUSO

07/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** O () Delete
Name: CARUSO, KELLY L
Address: 4700 FORT KNOX CT
City-St-Zip: ORLANDO, FL 32822**Title:** O () Delete
Name: CARUSO, FRANCIS T
Address: 4700 FORT KNOX CT
City-St-Zip: ORLANDO, FL 32822**Title:** T () Delete
Name: BARNEY, CONNIE
Address: 1314 CHESSINGTON CIRCLE
City-St-Zip: HEATHROW, FL 32746**Title:** D () Delete
Name: DECKER, BOB
Address: 826 S. PRIMROSE DRIVE
City-St-Zip: ORLANDO, FL 32803**Title:** D () Delete
Name: NEWMAN, JOLIE
Address: 2477 TAHOE CIRCLE
City-St-Zip: WINTER PARK, FL 32792**Title:** S () Delete
Name: KULL, J NELSON III
Address: 227 NORTH MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** O (X) Change () Addition
Name: CARUSO, KELLY L
Address: 2426-5 TACK ROOM LANE
City-St-Zip: ORLANDO, FL 32812**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** O (X) Change () Addition
Name: DECKER, BOB
Address: 826 S. PRIMROSE DRIVE
City-St-Zip: ORLANDO, FL 32803**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 Section 119.07(3)(i), 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: KELLY L. CARUSO

O

07/02/2004

Electronic Signature of Signing Officer or Director

Date

JUDY FLANAGAN
1620 HIGHLAND ROAD
WINTER PARK, FLORIDA 32789

STEVE NEEL
1620 HIGHLAND ROAD
WINTER PARK, FLORIDA 32789

STEVE DAVIS
5210 DEXTER STREET
ORLANDO, FLORIDA 32807

ROSEMARY TUFO
5036 DR. PHILIPS BLVD. #110
ORLANDO, FLORIDA 32819