## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004915

Entity Name: THE RIPPLE EFFECT, INC.

FILED Jun 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 227 NORTH MAGNOLIA AVENUE 425 COLUMBIA STREET SUITE 206 ORLANDO, FL 32806 ORLANDO, FL 32801 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 990 ORLANDO, FL 32802 FEI Number: 59-3417252 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KILPATRICK, KELLY L PERRY, JOSEPH POST OFFICE BOX 990 POST OFFICE BOX 990 ORLANDO, FL 32802 US 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: JOSEPH PERRY 06/26/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition KILPATRICK, KELLY L DAVIS, STEPHEN Name: Name: 2426-5 TACK ROOM LANE Address: 5508 CASA BLANCA LANE APT. 2 Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, F 32807 Title: Title: ( ) Delete () Change () Addition PERRY, JOE Name: Name: Address: 1400 DUNSANY AVENUE Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: () Delete Title: () Change () Addition KULL, J. NELSON III Name: Name: 1812 DORIS AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: ( ) Delete Title: () Change () Addition FLANAGAN, JUDY Name: Name: 1620 HIGHLAND ROAD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ZUFALL, KEN Name: Name: ZUFALL, KEN 304 HOLLYWOOD COURT SOUTH 304 HOLLYWOOD COURT SOUTH Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743 Title: () Delete Title: (X) Change ( ) Addition TUFO, ROSEMARY ANDREA, DRAKE Name: Name: Address: 5036 DR. PHILLIPS BLVD., #110 Address: 5025 MAUI CIRCLE ORLANDO, FL 32808

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.

City-St-Zip:

SIGNATURE: JOSEPH PERRY 0 06/26/2006

ORLANDO, FL 32819

City-St-Zip: