2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N96000005364**

FILED Apr 06, 2006 8:00 am Secretary of State 04-06-2006 90007 048 ****61.25

1. Entity Nam ADDISON		AT ABERDEEN A	SSOCIATION	N, INC.				04-00-200	0 90007 0	10 0	01.23
C/O PHOENIX MANAGEMENT SERVICES 3082 JOG ROAD		C/O PHOENIX 3082 JOG RO	Mailing Address C/O PHOENIX MANAGEMENT SERVICES 3082 JOG ROAD LAKE WORTH, FL 33467			: : [1]	1440 ONAN 80 114 ONAN 1		BJ 4001 B911 B9) [2] 1 4 [1]	
Principal Place of Business 3. M			3. Mailing Addr	B. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			03212006	Chg-NP	CR2E03	7 (11/05)	
City & State			City & State	City & State			65 0035540				oplied For at Applicable
Žip Country		Zip			5. Certificate of Status Desired		<u> </u>	\$8.75 Additional Fee Required			
6. Name and Address of Current Registers			Registered Agent				7. Name and A	Address of New	Registered A	gent	
DOCENT	141 541/10				Name						
ROSENTHAL, DAVID C PHOENIX MANAGEMENT SERVICES 3082 JOG ROAD				Street Address			(P.O. Box Number is Not Acceptable)				
LAKE WO	RTH, FL 3	3467									
DAKE WORTH, FL 35407				City			FL Zip Code				
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of ch	anging its reg	pistered office o	r registere	ed agent, or both	, in the State of f	Florida, I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed o	s printed name of registered agent x	nd title if applicable.	(NOTE: Reg	glaterad Agent signa	ture required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006							, and the state of				
	_			ection Campa ust Fund Cont	ign Financing		\$5.00 May Be Added to Fees		Make check orida Depart		
10.	_		Tr		ign Financing		\$5.00 May Be Added to Fees	Fic	Make check orlda Depart	ment of St	tate
	_	ay 1, 2006	ECTORS	ust Fund Cont	ign Financing tribution.		\$5.00 May Be Added to Fees DDITIONS/CHA	Fig NGES TO OFFIC	Make check orlda Depart	ment of SI	10
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TITLE	Due by M D PATZ, STE	OFFICERS AND DIR	ECTORS	ust Fund Cont	ign Financing tribution. 11. TITLE NAME-	U A	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFIC	Make check orida Depart ERS AND DIR	ment of SI	10
TITLE NAME STREET ADDRESS	Due by M D PATZ, STE 8726 MILP	OFFICERS AND DIR	ECTORS	ust Fund Cont	ign Financing tribution. 11. TITLE NAME- STREET ADDRESS	□ MAG 6783	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFICE	Make check orlda Depart CERS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M PATZ, STE 8726 MILP BOYNTON	OFFICERS AND DIR	ECTORS	ust Fund Cont	ign Financing tribution. 11. TITLE NAME- STREET ADDRESS CITY-ST-ZIP	□ MAG 6783 BOY	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFICE	Make check orda Depart ERS AND DIR	ment of St	tate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by M PATZ, STE 8726 MILP BOYNTON VD	OFFICERS AND DIR OFFICERS AND DIR EVEN FORT DRIVE N BEACH, FL 33437	ECTORS	ust Fund Cont	ign Financing tribution. 11. TITLE NAME- STREET ADDRESS CITY-ST-ZIP	□ MAG 6783	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFICE	Make check orda Depart ERS AND DIR	ECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DUE by M D PATZ, STE 8726 MILP BOYNTON VD FRANCIS,	OFFICERS AND DIR OFFICERS AND DIR EVEN FORT DRIVE N BEACH, FL 33437	ECTORS	ust Fund Cont	ign Financing tribution. 11. TITLE NAME- STREET ADDRESS CITY-ST-ZIP TITLE NAME	□ MAG 6783 BOY	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFICE	Make check orda Depart ERS AND DIR	ment of St	tate 10 Addition
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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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaction of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANCES

4-1-06

Daytime Phone #