2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

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Entity Name: PARTNERS IN SELF-SUFFIENCY OF LEE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

1700 MEDICAL LANE
FORT MYERS, FL 33907

New Principal Place of Business:

1400 COLONIAL BLVD
SUITE 23
FORT MYERS, FL 33907

Current Mailing Address:

1700 MEDICAL LANE
FORT MYERS, FL 33907

New Mailing Address:

1400 COLONIAL BLVD
SUITE 23
FORT MYERS, FL 33907

FEI Number: 65-0713476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERAGHTY, PATRICK E
2069 FIRST ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

GERAGHTY, PATRICK E
2075 WEST FIRST ST
SUITE 100
FT MYERS, FL 33901 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: ROGER MERCADO 03/20/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROGER, MERCADO JR
Address: 2400 THOMPSON ST
City-St-Zip: FORT MYERS, FL 33901

Title: SD ( ) Delete
Name: KAREN, CUBLER
Address: 6735 KESTREL CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: MARCY, SHAW L
Address: 4427 S.E. 16TH PL, SUITE 2
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: ORV, CURRY
Address: P.O. BOX 61492
City-St-Zip: FORT MYERS, FL 33906

Title: D (X) Delete
Name: AMANDA, HEIDT
Address: 5636 SOLERA COURT
City-St-Zip: FORT MYERS, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MERCADO, ROGER JR
Address: 33 PATIO DE LEON
City-St-Zip: FORT MYERS, FL 33901

Title: DT (X) Change ( ) Addition
Name: CURRY, ORV
Address: P.O. BOX 61492
City-St-Zip: FORT MYERS, FL 33906

Title: VD (X) Change ( ) Addition
Name: SHAW, MARCY L
Address: 2735 SANTA BARBARA BLVD #201
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Change ( ) Addition
Name: MORGAN, FREDERICK
Address: P.O. BOX 61915
City-St-Zip: FORT MYERS, FL 33906

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 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: ROGER MERCADO PD 03/20/2007
Electronic Signature of Signing Officer or Director Date