

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90064 034 ****61.25

DOCUMENT # N96000005741 1. Entity Name DELRAY CENTRAL HOUSE GROUP, INC.			
Principal Place of Business 3667 S FEDERAL HWY BOYNTON BEACH, FL 33483 US		Mailing Address 108 SE 31ST AVE BOYNTON BEACH, FL 33435 US	
2. Principal Place of Business 2170 W. Atlantic Ave Suite, Apt. #, etc.		3. Mailing Address 2170 W. Atlantic Ave Suite, Apt. #, etc.	
City & State Delray Beach FL Zip 33445		City & State Delray Beach, FL Zip 33445	
Country Palm Beach		Country Palm Beach	
4. FEI Number 65-0708528		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENNO, RAYMOND J 108 SE 31ST AVE BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name: Thomas Fitzgerald Street Address (P.O. Box Number is Not Acceptable): 8279 Bermuda Sound Way City: Boynton Beach FL Zip Code: 33436	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Thomas J. Fitzgerald</i> Signature, typed or printed name of Registered Agent, if title is applicable.		8/18/06 DATE	
Filing Fee is \$61.25 Due by September 6, 2006.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME CARSON, JUDY STREET ADDRESS 8559 DUDRESS CT WEST CITY-STATE-ZIP BOYNTON BEACH, FL 33435	☐ Delete	TITLE P NAME Fitzgerald, Thomas STREET ADDRESS 8279 Bermuda Sound Way CITY-STATE-ZIP Boynton Beach, FL 33436	☒ Change ☐ Addition
TITLE V NAME POITEIGER, JIM STREET ADDRESS 3667 S FEDERAL HIGHWAY CITY-STATE-ZIP DELRAY BEACH, FL 33483	☐ Delete	TITLE V NAME Mitchell, Allison STREET ADDRESS 345 B De Corie CITY-STATE-ZIP Delray Beach, FL 33444	☒ Change ☐ Addition
TITLE T NAME WIOREMAIR, TOM STREET ADDRESS 755 DOTTEREL ROAD # 1-511 CITY-STATE-ZIP DELRAY BEACH, FL 33444	☐ Delete	TITLE T NAME McKean, Thomas STREET ADDRESS 3625 Diane Dr CITY-STATE-ZIP Boynton Beach, 33435	☒ Change ☐ Addition
TITLE D NAME GOOGE, TERESA STREET ADDRESS 2401 NW 20TH AVE CITY-STATE-ZIP BOYNTON BEACH, FL 33436	☐ Delete	TITLE E NAME Elizabeth Chief Financial Officer STREET ADDRESS Liz Hannon 240 Sherwood Forrest Dr CITY-STATE-ZIP Delray Beach, FL 33445	☒ Change ☐ Addition
TITLE S NAME EWING, PAULA STREET ADDRESS 135 SW 3RD AVE CITY-STATE-ZIP BOYNTON BEACH, FL 33435	☐ Delete	TITLE M NAME Melissa Freihofer STREET ADDRESS 3479 South Seacrest Blvd CITY-STATE-ZIP Boynton Beach, FL 33435	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 attachment with an address, with all other like empowered.			
SIGNATURE: <i>Thomas J. Fitzgerald</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/18/06 561-313-9283 Date Daytime Phone #	