


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003713-11	
1. Entity Name REACHING OUT TO OTHERS, INC.	

Principal Place of Business 1030 SOUTH MANGONIA CIRCLE WEST PALM BEACH FL 33401	Mailing Address POST OFFICE BOX 3881 WEST PALM BEACH FL 33402
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/06)

4. FEI Number 65-0711154		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
JOHNSON, ELIZABETH M 1030 SOUTH MANGONIA CIRCLE WEST PALM BEACH FL 33401		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL Zip Code		

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By: September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELIZABETH M	NAME	000000573986
STREET ADDRESS	1030 S MANGONIA CIRCLE	STREET ADDRESS	08/10/06-80001-002 61.25
CITY - ST - ZIP	WEST PALM BEACH FL 33401	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, LEKESHA	NAME	
STREET ADDRESS	2909 OLD DIXIE HIGHWAY	STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33402	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CYNTHIA K.	NAME	
STREET ADDRESS	1030 SOUTH MAGNOLIA	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BETTY	NAME	
STREET ADDRESS	1557 SILVER BEACH RD.	STREET ADDRESS	
CITY - ST - ZIP	RIVIERA BEACH FL 33404	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, EDITH	NAME	
STREET ADDRESS	1444 8TH STREET	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33401	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ANN	NAME	
STREET ADDRESS	PO BOX 3881	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33402	CITY - ST - ZIP	

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: *Elizabeth M. Johnson* 8/1/2006 561-833-6157