2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N97000004327

Entity Name: TECHILAH CHADASHAH NEW BEGINNINGS, INC.

Current Principal Place of Business:

915 OAK LANE
LAKELAND, FL 33813 US

New Principal Place of Business:

915 OAK LANE
LAKELAND, FL 33811 US

Current Mailing Address:

5118 DORMAN ROAD
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3480114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGILL, YVONNE
5118 DORMAN ROAD
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: MCGILLE, LAUREN C
Address: 5118 DORMAN RD
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: TIDMORE, JAMES W
Address: 212 KENT DRIVE
City-St-Zip: ROCKY MOUNT, NC 27804

Title: D ( ) Delete
Name: TIDEMORE, TAMMY
Address: 212 KENT DRIVE
City-St-Zip: ROCKY MOUNT, NC 27804

Title: V ( ) Delete
Name: MCELWEE, MARK
Address: 954 OAK LANE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: MCELWEE, CHRISTINE
Address: 954 OAK LAND
City-St-Zip: LAKELAND, FL 33811

Title: P ( ) Delete
Name: MCGILL, YVONNE
Address: 5118 DORMAN RD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/S (X) Change ( ) Addition
Name: MCGILL, LAUREN C
Address: 5118 DORMAN RD
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition
Name: TIDMORE, JAMES W
Address: 1009 BEACHWOOD AVE.
City-St-Zip: ROCKY MOUNT, NC 27803

Title: D (X) Change ( ) Addition
Name: TIDMORE, TAMMY
Address: 1009 BEACHWOOD AVE.
City-St-Zip: ROCKY MOUNT, NC 27803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LAUREN C. MCGILL S/T 01/19/2006

Electronic Signature of Signing Officer or Director — Date