

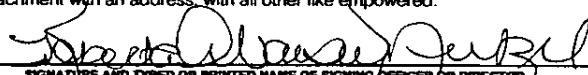


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90062 018 ****61.25

DOCUMENT # N97000005956 1. Entity Name FLORIDA DUST-OFF ASSOCIATION, INC.					
Principal Place of Business 2304 WOODLAND DR EDGEWATER, FL 32141 US			Mailing Address 2304 WOODLAND DR EDGEWATER, FL 32141 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03292007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-0805479				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 VOISEY-NEITZEL, ROBERTA A 2304 WOODLAND DR EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEHZEL, ROBERT 2304 WOODLAND DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Neitzel, Robert
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KIRKLEY, JIM 1049 BEACON ST NW PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VOISEY-NEITZEL, ROBERTA 2304 WOODLAND DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KIRKLEY, LINDA 1049 BEACON ST NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S McLean, Sue 1204 Woodcrest Ave Safety Harbor FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALDWELL, DONALD G (HOSS) 3760 UNIVERSITY BLVD S, #1081 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Caldwell, Donald G (Hoss) 4994 Wedgfield Ct Middleburg FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMBS, JOHN 24016 E BOBCAT BLVD ASTOR, FL 32102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ryan, Ed 514 Linden St Mamaroneck NY 10543
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:  4/10/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					