


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000436	
1. Entity Name CUPIC, INC.	

Principal Place of Business 440 NORTH MONROE STREET TALLAHASSEE, FL 32301	Mailing Address P.O. BOX 5198 TALLAHASSEE, FL 32314
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DO NOT WRITE IN THIS SPACE



02012006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-3264948	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMMOCK, AL 440 NORTH MONROE STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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 AL Hammock DATE Feb. 14, 2006
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAMMOCK, AL ENVISION CU 440 N. MONROE ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROWN, TERESA FOCUS CU 303 E. WASHINGTON ST. CHATTAHOOCHEE, FL 32324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROJAS, VERONICA ENVISION CU 440 N. MONROE ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, DEE TALL -LEON FCU 580 S. APPELYARD DR. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000007434591
02/25/06-80007-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: AL Hammock AL Hammock Feb 14, 2006 880-942-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #