2006 NOT:FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90369 041 ****70.00

| DOCH | MENT # N98000000931 | |
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1. Entity Name COMPASSIONATE FAMILIES, INC.



| Principal Place of Business 218 N BROAD STREET 1218 N BROAD STREET 1220 N BROAD STREET | | | | | | | II SE | | | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. | 218 N BROAD STREET | | 218 N BROAD STREET | | | | 60030133 | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | N. 30 | 0.44-9 | A.I.I. | | | | | | | | | |
| City & State Country Country Zp Country Zp Country S. Certificate of Status Desired State Desired S. Certificate of Status Desired State Desired T. Name and Address of New Registered Agent Name MITCHELL, RICHARD G 109 JANRELLE LANE JACKSONVILLE, FL 32211 City FL Zip Code City | 2. Principal Place of Business | | 3. Mailin | 3. Mailing Address | | | | | O TOLON LEGEL S | | | | 13 01 1631 |
| Solid table | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | 04102006 | Chg-N | NP | CR2 | E037 (11/05) | |
| S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code TL Zip Code S. 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, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE FILING Foe is \$81.25 Due by Mary 1, 2006 Thus Fund Contribution. OFFICERS AND DIRECTORS 115. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OFFICERS AND DIRECTORS 116. OFFICERS AND DIRECTORS 117. S. 720 ADAKSON/ILLE, F1, 32244 Desire Joseph | City & State | | City & State | | | | | 50 2504440 | | | | | |
| Name Street Address (P.O. Box Number is Not Acceptable) | Zip | p Country | | Zíp Coi | | intry | 5. Certificate of Sta | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current | Registered | Agent | | | | 7. Name and | Address | of New I | Register | ed Agent | |
| Sirget Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | MITCHELL | BICHARD C | | | | Name | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Foe is \$61.25 | 108 JANELLE LANE | | | Street Address | | | ddress (l | (P.O. Box Number is Not Acceptable) | | | | | |
| 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 Signature, typed or protect name of impatitived agent and table is applicable. (NOTE: Registered Agent agentave required when rematating) DATE | | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | |
| SIGNATURE Signature, hybot or printed name of impattened agent and title if applicable. (NOTE: Registered Agent separative required when remaining) DATE | | | | | | City | | | | | F | Zip Co | de |
| Signature Hybrid or printed name of registered agent and the # application. NOTE: Registered Agent agentative required when rewritating) DATE | | | or the purpos | se of changing its re | gistere | ed office o | r register | ed agent, or bo | th, in the | State of FI | lorida. I | am familiar with | , and accept |
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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 eclaver of useel 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 a paddiss. What pattern like empowered.

SIGNATURE: BIGNATURE RAD TYPED OR PRINTED HARF OF BIGNING OFFICER OR DIRECTOR TO LA PROBLEM 10 APR 06 109/396-9665