


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90154 029 ****61.25

DOCUMENT # N98000001096	
1. Entity Name MIDTOWN BUSINESS ASSOCIATION, INC.	

Principal Place of Business 1291 N.W. SIXTH STREET FORT LAUDERDALE, FL 33311	Mailing Address 1291 N.W. SIXTH STREET FORT LAUDERDALE, FL 33311
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2. Principal Place of Business c/o Dickey Consulting Serv. Suite, Apt. #, etc. 1120 NW 6th St., Ste. #B	3. Mailing Address c/o Dickey Consulting Serv. Suite, Apt. #, etc. 1120 NW 6th St., Ste. #B
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33311	Country USA



02082006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0932727	Applied For <input type="checkbox"/> 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 JONES, SEAN F 540 NORTHWEST 4TH AVENUE FORT LAUDERDALE, FL 33311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, JERRY 1291 NORTHWEST SIXTH STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Sheryl A. Dickey 1120 NW 6th St., Ste. #B Ft. Lauderdale, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONE, WILLIAM J 1026 NORTHWEST SIXTH STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Maria Freeman 547 NW 9th Ave., Ste. #1 Ft. Lauderdale, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, MILTON L 540 N.W. 4TH AVENUE MANAGEMENT OFFICE FORT LAUDERDALE, FL 33311 <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	DV HILL, JOHN H JR 116 NW 6TH STREET FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Dennis Wright c/o Simply I.T., P O Box 848871 Pembroke Pines, FL 33084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sheryl A. Dickey, Chair **954-467-6822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #