2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# N98000001983

Entity Name: EAST COAST COMMUNITY CARE CENTER, INC.

Current Principal Place of Business:

670 N COURTNEY PKWY
SUITE 9
MERRITT ISLAND, FL 32953

New Principal Place of Business:

670 N COURTNEY PKWY
MERRITT ISLAND, FL 32953

Current Mailing Address:

670 N COURTNEY PKWY
SUITE 9
MERRITT ISLAND, FL 32953

New Mailing Address:

670 N COURTNEY PKWY
MERRITT ISLAND, FL 32953

FEI Number: 59-3528152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELLIS, DAVID P
680 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32952 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: PD ( ) Delete
Name: STALLBAUM, DANIEL C
Address: 390 MILFORD POINT ROAD
City-St-Zip: MERRITT, IS 32952

Title: VPD ( ) Delete
Name: GOOLSBY, RAY
Address: 2808 KENYON AVE.
City-St-Zip: COCOA, FL 32922

Title: STD ( ) Delete
Name: ELLIS, DAVID P
Address: 1418 GLENEAGLES WAY
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STALLBAUM, DANIEL C
Address: 390 MILFORD POINT ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

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: DAVID P. ELLIS STD 02/24/2006

Electronic Signature of Signing Officer or Director — Date