2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N98000003588

Entity Name: LOBLOLLYPOP FOUNDATION, INC.

Current Principal Place of Business:

7407 SE HILL TERRACE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

7407 SE HILL TERRACE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0865926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOPKO, JAMES
2307 SE MONTEREY RD.
STUART, FL 34996 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: VD ( ) Delete
Name: NEI, PRISCILLA
Address: 7263 SE GOLFHOUSE DR.
City-St-Zip: HOBE SOUND, FL 33455

Title: PD ( ) Delete
Name: TURNER, BILL
Address: 7992 SE GOLFHOUSE DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: KOURIL, KENNETH H
Address: 7407 SE HILL TERRACE
City-St-Zip: HOBE SOUND, FL 33455

Title: S ( ) Delete
Name: RADCLIFFE, BROOKE L
Address: 7407 SE HILL TERRACE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: HONAKER, SUSIE
Address: 8200 SE GOLFHOUSE DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BROOKE RADCLIFFE S 04/29/2006

Electronic Signature of Signing Officer or Director — Date