2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N98000005389

Entity Name: VISIONS OF MANHOOD INC.

Current Principal Place of Business:

2110 SOUTH ADAMS ST
SUITE E
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2110 SOUTH ADAMS ST
SUITE E
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3543656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOE N MR.
8429 MONTE LANE
TALLAHASSEE, FL 32305 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: C ( ) Delete
Name: BILLUPS, NORMAN JR.
Address: 1830 RODEO COURT
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: VC ( ) Delete
Name: DAWKINS, WILLIAM MR.
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: S ( ) Delete
Name: MILTON, RODERICK MR.
Address: 1228 OCALA ROAD, APT. E-8
City-St-Zip: TALLAHASSEE, FL 32307 US

Title: T ( ) Delete
Name: WADE, GLEN MR.
Address: P.O. BOX 34
City-St-Zip: CRAWFORDVILLE, FL 32326 US

Title: D ( ) Delete
Name: THOMAS, JOE N MR.
Address: 8429 MONTE LANE
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: O ( ) Delete
Name: JACOBS, ENNIS L MR.
Address: 2901 FALLING WATERS WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOE N. THOMAS D 04/27/2006

Electronic Signature of Signing Officer or Director — Date