## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED SECRETARY OF STATE DIVISION OF COREOPATIONS DOCUMENT # N98000005549 Endly Name B-PALS, INC. 06 MAY 19 PH 12: 49 Principal Place of Business Mailing Address 1501 WEKEWA NENE P.O. BOX 6004 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32314-6004 05192006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3663533 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKER, RICHARD D JR DO NOT WRITE 1501 WEKEWA NENE TALLAHASSEE, FL 32301 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS 10. TITLE **DCEO** BAKER, RICHARD D P STREET ADDRESS 1501 WEKEWA NENE CITY-ST-ZIP TALLAHASSEE, FL 32301 NAME BEVAR-BAKER, WENDY J **800075108968** 05/24/06--01003--024 \*\*61.25 STREET ADDRESS 1501 WEKEWA NENE CITY-ST-ZIP TALLAHASSEE, FL 32301 VPD TITLE BAKER, GLEN S STREET ADDRESS 115 N. HORRY ST. DO NOT WRITE CITY-ST-ZIP MADISON, FL 32340 IN THIS SPACE NAME WEGER, BRENDA J STREET ADDRESS 113 WILD FERN DRIVE CITY-ST-ZIP LONGWOOD, FL 32779

12. I hereby certify that the information supplied with this filling 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 any attackment with an anaddress with all observed.

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SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ATURE AND TYPED OR PINITED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06 818-5530 Dale Daytime Prone #