



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90035 049 ****61.25

DOCUMENT # N99000002247					
1. Entity Name SEDRA INC.					
Principal Place of Business C/O CAREN J. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762			Mailing Address C/O CAREN J. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3637533	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STUFFER, CAREN 5570 HOWELL BRANCH RD WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MCMAHON, RUTH A STREET ADDRESS 12257 SANDY RUN CITY-ST-ZIP JUPITER, FL 33478	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME GINN, JAYNE STREET ADDRESS 18124 126TH TERR N CITY-ST-ZIP JUPITER, FL 33478	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME RAMSEY, MARIS STREET ADDRESS 13209 CR 561A CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Bany Cranmer STREET ADDRESS 15671 115th AVE N. CITY-ST-ZIP Jupiter, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CAREN, STAUFFER STREET ADDRESS 5510 HOWELL BR RD CITY-ST-ZIP WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME Stauffer STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ASD NAME THOMPSON, CAROL STREET ADDRESS 3715 PENNSYLVANIA AVE CITY-ST-ZIP MIMS, FL 32754	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RSD NAME COUCH, ANITA STREET ADDRESS 11552 162ND PL CITY-ST-ZIP JUPITER, FL 33478	<input checked="" type="checkbox"/> Delete		TITLE RSD NAME RAMSEY, MARIS STREET ADDRESS 13209 CR 561A CITY-ST-ZIP CLERMONT, FL 34711	<input checked="" 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: <i>Caren Stauffer</i>			1-21-06 407-342-7170		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		