

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002641

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE JANET ALDERMAN GROUP, INC.

Current Principal Place of Business:

418 SE 14TH STREET
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

418 SE 14TH STREET
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 13-4332161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDERMAN, DAVID
418 SE 14 STREET
CAPE CORAL, FL 33990 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: P () Delete
Name: ALDERMAN, DAVID
Address: 418 SE 14TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: V () Delete
Name: MCWILLIAMS, JO
Address: 7801 WYOMING ST
City-St-Zip: KANSAS CITY, MO 64114

Title: V () Delete
Name: KIRBY, LEAH
Address: 2724 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: MARTHA, GURWIT
Address: 1927 SE 13TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: T () Delete
Name: BEST, BRAD
Address: 7243 EMILY DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: S () Delete
Name: GREEN, MARY
Address: 4006 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

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: DAVID ALDERMAN

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date