

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003103

FILED
May 31, 2006
Secretary of State

Entity Name: FICTION COLLECTIVE TWO, INC.

Current Principal Place of Business:

437 A WILLIAMS BLDG., FC2
DEPT. OF ENGLISH 1580, FSU
TALLAHASSEE, FL 323061580

New Principal Place of Business:

437 A WILLIAMS BLDG., FC2
DEPT. OF ENGLISH 1580, FSU
TALLAHASSEE, FL 323061580 US

Current Mailing Address:

437 A WILLIAMS BLDG., FC2
DEPT. OF ENGLISH 1580, FSU
TALLAHASSEE, FL 323061580

New Mailing Address:

437 A WILLIAMS BLDG., FC2
DEPT. OF ENGLISH 1580, FSU
TALLAHASSEE, FL 323061580 US

FEI Number: 13-2957841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BERRY, RALPH
DEPT OF ENGLISH FSU
437A WILLIAMS BUILDING
TALLAHASSEE, FL 323061580 US

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: BERRY, RM
Address: 2009 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: BMP () Delete
Name: MILLS, BRENDA L
Address: 1922 E. INDIANHEAD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: SGOUROS, STEPHANIE
Address: 109 FERNDAL DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: OLSEN, LANCE
Address: PO BOX 306
City-St-Zip: NEW MEADOWS, ID 83654

Title: D () Delete
Name: MARTONE, MICHAEL
Address: 29 COUNTRY CLUB HILLS
City-St-Zip: TUSCALOOSA, AL 354011300

Title: D () Delete
Name: YUKNAVITEH, LIDIA
Address: 9970 BULL RUN RD
City-St-Zip: CORBETT, OR 97019

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: BRENDA MILLS

BMP

05/31/2006

Electronic Signature of Signing Officer or Director

Date