2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N99000004075

Entity Name: COMMUNITY ENRICHMENT, INC.

Current Principal Place of Business:

26543 S.W. 122ND. PLACE
PRINCETON, FL 33032

New Principal Place of Business:

Current Mailing Address:

26543 S.W. 122ND. PLACE
PRINCETON, FL 33032

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MENDOLA, RONALD J
26543 S.W. 122ND. PLACE
PRINCETON, FL 33032 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: DV ( ) Delete
Name: MENDOLA, RONALD J
Address: 26543 S.W. 122ND. PLACE
City-St-Zip: PRINCETON, FL 33032

Title: P ( ) Delete
Name: MENDOLA, TRACY E
Address: 26543 S.W. 122ND. PLACE
City-St-Zip: PRINCETON, FL 33032

Title: D ( ) Delete
Name: GARCIA, CHRISTINA
Address: 26507 SW 126 AVE
City-St-Zip: PRINCETON, FL 33032

Title: D ( ) Delete
Name: CAREY, ED
Address: 11040 SW 172ND TERR
City-St-Zip: MIAMI, FL 33157

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: D (X) Change ( ) Addition
Name: BROWN, WILLIAM
Address: 11355 ARBOR SIDE BEND WAY
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RONALD MENDOLA VP 04/29/2005

Electronic Signature of Signing Officer or Director — Date