

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004632

FILED
Aug 01, 2006
Secretary of State

Entity Name: JUSTICE FOR ALL, INC.

Current Principal Place of Business:

1510 EAST COLONIAL DRIVE
SUITE 210
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1510 EAST COLONIAL DRIVE
SUITE 210
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3593555 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:

ANDARGE, FOZIA M
315 ALSTON DRIVE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

ANDARGE, FOZIA M
1163 HAWKSLADE CT
WINTER GARDEN, FL 34787 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: FOZIA ANDARGE

08/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ANDARGE, FOZIA M
Address: 1163 HAWKSLADE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: P () Delete
Name: ANDARGE, HAILE D
Address: 1163 HAWKSLADE CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV () Delete
Name: ENGLISH, TIMOTHY W
Address: 11933 SANDGATE DRIVE
City-St-Zip: CHESTERLAND, OH 44026

Title: DT () Delete
Name: SMITH, TWILA
Address: 3769 EVERHOLT ST
City-St-Zip: CLERMONT, FL 34711

Title: DT () Delete
Name: DEMEKE, TSEHAY
Address: 325 DARTMOUTH AVENUE, #H-1
City-St-Zip: SWARTHMORE, PA 19081

Title: DP () Delete
Name: SMITH, THOMAS
Address: 3769 EVERHOLT ST
City-St-Zip: CLERMONT, FL 34711

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: FOZIA ANDARGE

VP

08/01/2006

Electronic Signature of Signing Officer or Director

Date