



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N99000005936</b>   |  |   |
| 1. Entity Name<br><b>COMMON WELFARE SOCIETY, INC.</b>  |  |  |
| Principal Place of Business<br><b>12006 FT KING RD<br/>DADE CITY, FL 33525</b>   | Mailing Address<br><b>12006 FT KING RD<br/>DADE CITY, FL 33525</b> |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHN, K T<br/>12006 FT KING RD<br/>DADE CITY, FL 33525</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |  | <b>1000000417812<br/>02/13/06-80071-002 61.25</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHN, K T<br>12006 FT KING RD<br>DADE CITY, FL 33525          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHN, MARY F<br>12006 FT KING RD<br>DADE CITY, FL 33525       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHN, ELIZABETH<br>12006 FT KING RD<br>DADE CITY, FL 33525    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHN, MARY C<br>12006 FT KING RD<br>DADE CITY, FL 33525       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHN, THOMAS<br>12006 FT KING RD<br>DADE CITY, FL 33525       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOHN, ROBERT<br>12006 FT KING RD<br>DADE CITY, FL 33525       |  |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date <u>1/26/06</u><br><small>Daytime Phone #</small>  |