2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State
04-25-2006 90112 036 ****50.00
05-26-2006 90016 048 ****11.25

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1. Entity Name
UNSUNG HEROES, INC.

Principal Place of Business	Mailing Address
105 SOUTH ROSCOE BLVD PONTE VEDRA BEACH, FL 32082	105 SOUTH ROSCOE BLVD PONTE VEDRA BEACH, FL 32082

J00019803

02082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
52-2193714
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLAMA, ROBERT J P.A.
3821 HENDRICKS AVE
JACKSONVILLE, FL 32207

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NORELL, KENT
STREET ADDRESS	8357 WEST FLAGLER ST SUITE D
CITY-ST-ZIP	MIAMI, FL 331442072
TITLE	P
NAME	GROSHELL, HOWARD J M.D.
STREET ADDRESS	105 SOUTH ROSCOE BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	S
NAME	FINNOCHIARRO, CHARLIE
STREET ADDRESS	8357 W FLAGLER ST SUITE D
CITY-ST-ZIP	MIAMI, FL 331442072
TITLE	T
NAME	WELKLE, LEE
STREET ADDRESS	113 W 17TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Fred J Norell 4/19/06 (904) 699-2110
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #