2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007036

FILED Feb 28, 2006 Secretary of State

Entity Name: MARRIAGE AND FAMILY ENRICHMENT CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

3954 NW 182 LANE MIAMI, FL 33054

Current Mailing Address: New Mailing Address:

3954 NW 182 LANE MIAMI, FL 33054

FEI Number: 65-0386187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOOSBY, JAMES GOOSBY, JAMES PTD 3954 NW 182 LANE 3954 NW 182 LANE MIAMI, FL 33054 US MIAMI, FL 33054 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: JAMES GOOSBY 02/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete
 Title:
 PTD (X) Change () Addition

 Name:
 GOOSBY, JAMES PTD

 Address:
 3954 NW 182 LANE
 Address:
 3954 NW 182 LANE

 Address:
 3954 NW 182 LANE
 Address:
 3954 NW 182 LANI

 City-St-Zip:
 MIAMI, FL 33054
 City-St-Zip:
 MIAMI, FL 33054

Title: SVPD () Delete Title: SVPD (X) Change () Addition Name: JONES, GERALD SVPD Name: JONES, GERALD SVPD

Address: 27150 SW 144 COURT Address: 27150 SW 144 COURT City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI, FL 33170

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MARTINEZ, THERESA
 Name:
 MARTINEZ, THERESA VP

 Address:
 1313 ALAMEDA DRIVE
 Address:
 1313 ALAMEDA DRIVE

 City-St-Zip:
 LAKELAND, FL 33805
 City-St-Zip:
 LAKELAND, FL 33805

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 SIMMONS, KEITH
 Name:
 HIXON, SUSIE V S

 Address:
 3956 NW 182 LANE
 Address:
 1420 CARVER AVENUE

 City-St-Zip:
 MIAMI, FL 33054
 City-St-Zip:
 LAKELAND, FL 33805

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: JAMES GOOSBY PTD 02/28/2006