

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

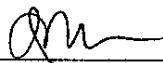
04-27-2006 90203 023 \*\*\*150.00

DOCUMENT # P00000070093		
1. Entity Name <b>FAMILY FIRST OF BAY COUNTY, INC.</b>		

Principal Place of Business <b>2101 NORTHSIDE DR UNIT 701 PANAMA CITY, FL 32405</b>	Mailing Address <b>2101 NORTHSIDE DR UNIT 701 PANAMA CITY, FL 32405</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

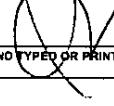
6. Name and Address of Current Registered Agent	
<b>PARRIS-RAMIE, ISABEL M 212 E BALDWIN RD UNIT C PANAMA CITY, FL 32405</b>	

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.	
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)
DATE <b>4/24/06</b>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>PARRIS-RAMIE, ISABEL MARIA 212 UNIT C BALDWIN RD UNIT C PANAMA CITY, FL 32405</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>PARRIS-RAMIE, ISABEL M 2057 TURLEO DR PANAMA CITY FL 32405</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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04252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3661288</b>	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of New Registered Agent
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Name **PARRIS-RAMIE, ISABEL M**

Street Address (P.O. Box Number is Not Acceptable)  
**2057 TURLEO DR**

City **PANAMA CITY** FL Zip Code **32405**

DATE **4/24/06**

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