



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90086 048 ***150.00

DOCUMENT # P01000017818					
1. Entity Name BY THE NUMBERS, INC.					
Principal Place of Business 5051 CASTELLO DR STE 39 NAPLES, FL 34103			Mailing Address 3636 EL SEGUNDO CT. NAPLES, FL 34109		
2. Principal Place of Business 6335 FISH COVE RD.		3. Mailing Address 6335 FISH COVE RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302006 Chg-P CR2E034 (11/05)	
City & State BLAIRSVILLE, GA		City & State BLAIRSVILLE, GA		4. FEI Number 59-3702277	
Zip 30512		Zip 30512		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATON, ANNE K 3636 EL SEGUNDO CT. NAPLES, FL 34109			7. Name and Address of New Registered Agent Name TERRI HOUSE Street Address (P.O. Box Number is Not Acceptable) 419 S.E. 13TH AVE. City CAPE CORAL FL Zip Code 33990		
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 <u><i>Terri House</i></u> (NOTE: Registered Agent signature required when reinstating)				DATE 3-13-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ATON, ANNE K 3636 EL SEGUNDO CT. NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ANNE K. GILDROY 6335 FISH COVE RD. BLAIRSVILLE, GA 30512 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Anne K. Gildroy</i></u> ANNE K. GILDROY PRES.			Date 1-31-06 Daytime Phone # 866-622-1040		