2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# P03000013515

Entity Name: BOWEN FAMILY HOMES OF FLORIDA, INC.

Current Principal Place of Business:

2629 WAVERLY BARN RD SUITE 138
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

6650 SUGARLOAF PARKWAY #200
DULUTH, GA 30096

New Mailing Address:

FEI Number: 06-0691600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	MR.	( ) Delete
Name:	CAPE, ERIC T DIRECTO	
Address:	6650 SUGARLOAF PARKWAY #200	
City-St-Zip:	DULUTH, GA 30096	
Title:	MR.	( ) Delete
Name:	PHELPS, JR., THOMAS M DIRECTO	
Address:	6650 SUGARLOAF PARKWAY #200	
City-St-Zip:	DULUTH, GA 30096	
Title:	MR.	( ) Delete
Name:	BRENNING, J.J. DIVPRES	
Address:	2629 WAVERLY BARN RD SUITE 138	
City-St-Zip:	DAVENPORT, FL 33897	
Title:	MR.	( ) Delete
Name:	BOWEN, DAVID J PRES.	
Address:	6650 SUGARLOAF PARKWAY #200	
City-St-Zip:	DULUTH, GA 30096	
Title:	MR.	( ) Delete
Name:	PALMER, STEPHEN D TREAS.	
Address:	6650 SUGARLOAF PARKWAY #200	
City-St-Zip:	DULUTH, GA 30096	
Title:	MR.	( ) Delete
Name:	RIETIG, REINER P SECR.	
Address:	6650 SUGARLOAF PARKWAY #200	
City-St-Zip:	DULUTH, GA 30096	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINER P RIETIG SECR 01/09/2006

Electronic Signature of Signing Officer or Director — Date