2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P03000033328

Entity Name: AMOREE LANAHA, L.C.S.W., P.A.

Current Principal Place of Business:

203 ST. CLAIR ABRAMS AVENUE
TAVARES, FL 32778

New Principal Place of Business:

401 CLUSTERWOOD DRIVE
YALAHA, FL 34797

Current Mailing Address:

PO BOX 64
TAVARES, FL 32778

New Mailing Address:

PO BOX 253
YALAHA, FL 34797

FEI Number: 51-0450923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANAHA, AMOREE
203 ST. CLAIR ABRAMS AVENUE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

LANAHA, AMOREE
401 CLUSTERWOOD DRIVE
YALAHA, FL 34797 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: _____ 04/30/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LANAHA, AMOREE
Address: 203 ST. CLAIR ABRAMS AVENUE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LANAHA, AMOREE
Address: 401 CLUSTERWOOD DRIVE
City-St-Zip: YALAHA, FL 34797

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: AMOREE LANAHA D 04/30/2006
Electronic Signature of Signing Officer or Director — Date