## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000077315

City-St-Zip:

FORT PIERCE, FL 34947

FILED May 05, 2006 Secretary of State

Entity Name: THE NATIVITY GROUP HOME, INC **Current Principal Place of Business: New Principal Place of Business:** 2106 SOUTH 26TH STREET FORT PIERCE, FL 34947 **Current Mailing Address: New Mailing Address:** 2106 SOUTH 26TH STREET FORT PIERCE, FL 34947 FEI Number: 90-0181453 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: PIERRE, MARIE NATIVITY GROUPE HOME, INC. 2106 SOUTH 26TH STREET 2106 SOUTH 26TH STREET FORT PIERCE,, FL 34947 FORT PIERCE,, FL 34947 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: MARIE NINON PIERRE 05/05/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: O/ D ( ) Delete () Change () Addition PIERRE, MARIE N O/D/V Name: Name: 2106 SOUTH 26TH Address: Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PIERRE, MARIE N Name: 2106 SOUTH 26TH STREET Address: Address: FORT PIERCE, FL 34947 City-St-Zip: City-St-Zip: Title: Title: AD/S ( ) Delete () Change () Addition ROBERTS, PRISCILLA A Name: Name: 910 ANTIGUA AVE Address: Address:

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.

City-St-Zip:

SIGNATURE: MARIE NINON PIERRE DIR 05/05/2006