2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 17, 2006 8:00 am
Secretary of State
03-14-2006 90036 041 ***150.00

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1. Entity Name
NORTH EAST WEST SOUTH COMMUNITY INVESTMENT GROUP, INC.

66010398

02272006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
P O BOX 32086 ST AUGUSTINE, FL 32080-7210	P O BOX 32086 ST AUGUSTINE, FL 32080-7210

2. Principal Place of Business	3. Mailing Address
P.O. Box 861006	P.O. Box 861006
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32086 Country: St. Johns	Zip: 32086 Country: St. Johns

4. FEI Number 75-3147011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOGAN, BOBBY J 301 CHICKADEE RD ST AUGUSTINE, FL 32080-7210	Name: Bobby J. Hogan Street Address (P.O. Box Number is Not Acceptable): 1960 Hwy U.S. 1 South PMB 136 City: St. Augustine FL Zip Code: 32086

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ELLIS, CHARLES E 3878 CRAZY HORSE TRAIL ST. AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ellis, Charles E 725 Willowwood PL. St. Augustine, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, ANTONIO M 2212 THERRELL WAY MCKINNEY, TX 75070	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, BERNARD 1018 MOHICAN TRAIL TALLAHASSE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOGAN, BOBBY J 301 CHICKADEE ROAD ST. AUGUSTINE, FL 320807210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Hogan, Bobby J. 1960 U.S. 1 South, PmP136 St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BULLOCK, WILLIAM T 7 SAWMILL COURT PALM COAST, FL 32164	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #