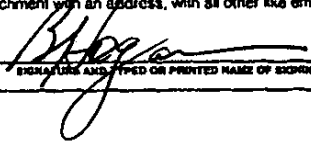


2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-14-2006 90036 041 ***150.00

DOCUMENT # P04000035322					
1. Entity Name NORTH EAST WEST SOUTH COMMUNITY INVESTMENT GROUP, INC.					
Principal Place of Business P O BOX 32086 ST AUGUSTINE, FL 32080-7210			Mailing Address P O BOX 32086 ST AUGUSTINE, FL 32080-7210		
2. Principal Place of Business P.O. Box 861006			3. Mailing Address P.O. Box 861006		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State St. Augustine, FL			City & State St. Augustine, FL		
Zip 32086			Zip 32086		
Country St. Johns			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 HOGAN, BOBBY J 301 CHICKADEE RD ST AUGUSTINE, FL 32080-7210			7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when re-registering) DATE: _____					
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					
TITLE	P	☐ Delete			
NAME	ELLIS, CHARLES E				
STREET ADDRESS	3678 CRAZY HORSE TRAIL				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086				
TITLE	D	☐ Delete			
NAME	WILSON, ANTONIO M				
STREET ADDRESS	2212 THERRELL WAY				
CITY-ST-ZIP	MCKINNEY, TX 75070				
TITLE	O	☐ Delete			
NAME	SCOTT, BERNARD				
STREET ADDRESS	1018 MOHICAN TRAIL				
CITY-ST-ZIP	TALLAHASSEE, FL 32317				
TITLE	T	☐ Delete			
NAME	HOGAN, BOBBY J				
STREET ADDRESS	301 CHICKADEE ROAD				
CITY-ST-ZIP	ST. AUGUSTINE, FL 320807210				
TITLE	S	☐ Delete			
NAME	BULLOCK, WILLIAM T				
STREET ADDRESS	7 SAWMILL COURT				
CITY-ST-ZIP	PALM COAST, FL 32164				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	☒ Change ☐ Addition			
NAME	Ellis, Charles E				
STREET ADDRESS	725 Willowood Pl.				
CITY-ST-ZIP	St. Augustine, FL 32084				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T	☒ Change ☐ Addition			
NAME	Hogan, Bobby J.				
STREET ADDRESS	1960 U.S. 1 South, PMB 136				
CITY-ST-ZIP	St. Augustine, FL 32086				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					