2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049033

Entity Name: CELL PLUS ST. AUGUSTINE, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4495 ROOSEVELT BOULEVARD 1060 SOUTH PONCE DE LEON BLVD. SUITE 405 SAINT AUGUSTINE, FL 32084

JACKSONVILLE, FL 32210

New Mailing Address: Current Mailing Address:

1060 SOUTH PONCE DE LEON BLVD 4495 ROOSEVELT BOULEVARD SUITE 405 SAINT AUGUSTINE, FL 32084 JACKSONVILLE, FL 32210

FEI Number: 20-4682946 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:

ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE, FL 32207 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CUNNINGHAM, MICHAEL L MCKENDREE, JOLYN R Name: Name: Address:

12447 BRADY PL. BLVD. Address: 620 SOUTH BRANCH DRIVE City-St-Zip: JACKSONVILLE, FL 32223 D City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: JOLYN R MCKENDREE 04/27/2006