

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000112892

FILED
Nov 17, 2006
Secretary of State

Entity Name: PARTHENON COMMUNITIES, INC.

Current Principal Place of Business:

12638 SOUTH US HIGHWAY 41
GIBSONTON, FL 33534

New Principal Place of Business:

Current Mailing Address:

12638 SOUTH US HIGHWAY 41
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 20-3306208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, ARNOLD M
12638 SOUTH US HIGHWAY 41
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: LAMBERT, JASON
Address: 12638 SOUTH US HIGHWAY 41
City-St-Zip: GIBSONTON, FL 33534

Title: VP () Delete
Name: LE, HIEU
Address: 12638 SOUTH US HIGHWAY 41
City-St-Zip: GIBSONTON, FL 33534

Title: DST () Delete
Name: HUTCHINSON, GENEFE
Address: 12638 SOUTH US HIGHWAY 41
City-St-Zip: GIBSONTON, FL 33534

Title: CEO () Delete
Name: HUTCHINSON, ARNOLD M
Address: 12638 SOUTH US HIGHWAY 41
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HIEU LE

VP

11/17/2006

Electronic Signature of Signing Officer or Director

Date