2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P05000116590

Entity Name: ASPIRE SEMINARS & WORKSHOPS, CORP.

Current Principal Place of Business:

1000 WEST 11TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

2605 THOMAS DRIVE
SUITE 235
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

1000 WEST 11TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

P.O. BOX 27245
PANAMA CITY, FL 32411

FEI Number: 20-3361133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

DAVID, KELLY C D
1000 WEST 11TH STREET
PANAMA CITY, FL 32401 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: KELLY C. DAVID 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAVID, KELLY
Address: P.O. BOX 27718
City-St-Zip: PANAMA CITY, FL 32411

Title: D ( ) Delete
Name: BLACKWELL, DAVID
Address: 100 KARLA COURT
City-St-Zip: ROSWELL, GA 30076

Title: D ( ) Delete
Name: HAIMAN, ELIZABETH B
Address: P.O. BOX 15521
City-St-Zip: PANAMA CITY, FL 32406

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:

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: KELLY C. DAVID D 04/26/2006
Electronic Signature of Signing Officer or Director Date