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APPROVED AND FILED

P29283

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2006

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 17 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29283

1. Corporation Name
COLUMBUS - AMERICA DISCOVERY GROUP, INC.

Principal Place of Business	Mailing Address
433 WEST SIXTH AVENUE COLUMBUS OH 43201	433 WEST SIXTH AVENUE COLUMBUS OH 43201

512306900011 035 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
05/10/1990

4. FEI Number
31-1221030
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, THOMAS G.		12 NAME		
STREET ADDRESS	5101 N A1A		13 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	EVANS, ROBERT D.		22 NAME		
STREET ADDRESS	500 E. MAYNARD		23 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LOVELAND, CURTIS A., ESQ		32 NAME		
STREET ADDRESS	41 SOUTH HIGH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BURLEY, DEBRA L		42 NAME		
STREET ADDRESS	644 THISTLE AVE.		43 STREET ADDRESS		
CITY-ST-ZIP	GAHANNA OH		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ROBOL, RICHARD T		52 NAME		
STREET ADDRESS	433 W. 6TH AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	COLOMBUS OH		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L Burley 5-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE