2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46646

Entity Name: DOCUMATION, INC.

FILED Apr 12, 2006 Secretary of State

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

PO BOX 536929 P.O. BOX 5265

ORLANDO, FL 328535929 US COEUR D ALENE, ID 83814 US

Current Mailing Address: New Mailing Address:

PO BOX 536929 P.O. BOX 5265

ORLANDO, FL 328535929 US COEUR D ALENE, ID 83814 US

FEI Number: 59-3062657 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:

LONG, WARREN T. LONG, DEBRA K TD PO BOX 536929 219 ALMA COURT

ORLANDO, FL 328535929 US NEW SMYRNA BEACH, FL 32168 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: DEBRA K. LONG 04/12/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition Name: LONG, DEBRA K., Name: LONG, DEBRA K.,

Address: PO BOX 536929 Address: 219 ALMA COURT

City-St-Zip: ORLANDO, FL 328535929 City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: VP () Delete Title: VP (X) Change () Addition
Name: ORAVSKY JENNIFER I Name: ORAVSKY JENNIFER I

 Name:
 ORAVSKY, JENNIFER L
 Name:
 ORAVSKY, JENNIFER L

 Address:
 317 CANTERWOOD DRIVE
 Address:
 317 CANTERWOOD DRIVE

 City-St-Zip:
 MEBANE, NC 27302
 City-St-Zip:
 MEBANE, NC 27302 US

Title: PD () Delete Title: PD (X) Change () Addition Name: LONG, WARREN T., Name: LONG, WARREN T.,

 Name:
 LONG, WARREN T.,
 Name:
 LONG, WARREN

 Address:
 PO BOX 536929
 Address:
 P.O. BOX 5265

City-St-Zip: ORLANDO, FL 328535929 City-St-Zip: COEUR D ALENE, ID 83814 US

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: WARREN T. LONG PD 04/12/2006