



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V04088 1. Entity Name FAMILY AFFAIR, INC.					
Principal Place of Business 7932 MORSE AVE JACKSONVILLE FL 32244 US		Mailing Address 7932 MORSE AVE JACKSONVILLE FL 32244 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/05)	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ALTERMAN, LEONARD 9218 CYPRESS GREEN DRIVE SUITE 11 JACKSONVILLE FL 32256				4. FEI Number 59-3102423	
7. Name and Address of New Registered Agent				Applied For Not Applied	
8. 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. I am familiar with, and accept, the obligations of registered agent.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed in printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reissuing)</small>				DATE _____	
FILE NOW!!! FEE IS \$160.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SUTTON, HELEN E.		NAME	100000441570	
STREET ADDRESS	7932 MORSE AVE		STREET ADDRESS	03/03/06-80039-021	150.00
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SUTTON, HELEN E.		NAME		
STREET ADDRESS	7932 MORSE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SCHOOLER, PATRICIA A.		NAME		
STREET ADDRESS	7932 MORSE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SCHOOLER, PATRICIA A.		NAME		
STREET ADDRESS	7932 MORSE AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen Sutton *Helen Sutton* 02-15-06 904-177-09