2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State 04-11-2006 90105 043 ****61.25

1. Entity Nam	MENT #717271 BAS, ASSOCIATION, INC.						5 901 05 043 ****	61.25	
Principal Ptac 1939 JEFFEI HOLLYWOOD	SON STREET		Mailing Address 1939 IEFFERSON STREET HOLLYWOOD, FL 33020					TITORE BLESSA	
2. Principal Place of Business 3. N		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092006	Chg-NP	CR2E037 (11/05)		
City & State		City & State			4. FEI Number 59-23838	27		oplied For ot Applicable	
Zip	Country Zip C		Country		5. Certificate of	Status Desired	□ \$8.75 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	kiress of New R	legistered Agent		
WOLF, ED	•		Name						
1939 JEFFERSON SUITE 404				Vddress (I	P.O. Box Number is	Not Acceptable	9)		
HOLLYWO	OOD, FL 33020								
			City				FL Zip Coo		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r register	ed agent, or both, i	in the State of Fic	orida. I am familiar with	, and accept	
SIGNATURE									
ì									
	Signature, typed or printed name of registered agent a	no isa i appacasa. (NOTE:1	Registered Agent signs	ture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE lake check payable tida Department of S		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flor	lake check psyable (tate	
TITLE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing intribution.		\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor	lake check payable tide Department of S	tate	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cash; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATUR	E
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Commonly - Edmund WOLF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2006

954-926-6141