2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam IRONWO							8 90403 033 ****	***61.25
Principal Plac 528 BRISTLE NAPLES, FL	CONE LANE	Mailing Address PO BOX 110156 NAPLES, FL 34108					EL BIEKA ELAKI BIEKA GURUL BIEKA	BITHIOT OT 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192008	Chg-NP	CR2E037 (12/06)
City & State		City & State		4. FEI Numb- 59-157		\mapsto	Applied For Not Applicable	
Zip Country		Zip Cou		itry	5. Certificate	of Status Desired	□ \$8.75 A	
	6. Name and Address of Current	Registered Agent		-	7. Name and	Address of New I	Registered Agent—	
		•		Name				
WHITE, WILLIAM 2310 DELLA DR. NAPLES, FL 34117- The state of the state			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)				
	· "		- 1					
	,		City				FL Zip C	ode
	named entity submits this statement follows of registered agent.	or the purpose of changing its	s registere	d office or	registered agent, or bo	th, in the State of Fi	lorida. I am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered agen) and little if applicable (NO	TE: Registered	Agent signatu	ite required when reinsta(ing)		DATE	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008	s and little if applicable (NOI 9. Election Ca Trust Fund	ımpaign Fir	nancing	\$5.00 May E Added to Fees	, 0	DATE Make check payable rida Department of	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 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.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-352-6780

Daytime Phone #