2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 738391

FILED May 01, 2007 8:00 am Secretary of State

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1 2	1750 UNIVEI 205	e of Business RSITY DR NGS, FL 33071	Mailing Address SWIFT MGMT 1750 UNIVERSITY DR # CORAL SPRINGS, FL 330					i	# 	1	
2	,	lace of Business - No P.O. Box # STATE RD 84 #, etc.	3. Mailing Address WEST BROWARD Suite, Apt. #, etc.			2020207	hg-NP		37 (12/06)		
\vdash	City & State		City & State	55 1390 -(4. FEI Number 59-192015				pplied For	
	Zip	325 Country USA	DAVIE F	Country USA		5. Certificate of St			\$8.75 Ad		
\vdash	<u> </u>	6. Name and Address of Current		0214		7. Name and Add	ress of New R	_	Fee Require	90	
				Name			_			<u></u>	
1	1750 UNIV	NAGEMENT SOLUTIONS PERSITY DR #205	Street A	Street Address (P.O. Box Number is Not Acceptable)							
CORAL SPRINGS, FL 33071					11530 STATE RD 84						
		A	/)	City -	DAY	IE.		FL	Zip Cog	2375	
8	3. The above	named entity submits this statement for	or the purpose of charging its re	egistered office o			the State of Fk	orida. I am	familiar with	, and accept	
	the obligat	ions of registered agent.	of the Via	10							
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>	SIGNATURE.	Signature, typed or protection ame of registered agent	and the it anglicable /NOTE	Registered Agent signal		en rainelatina)		DATE			
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12. Thereby 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 effect 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 an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE)

STREET ADORESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date