2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750566

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
C/O EXEC	AKEVIEW AVE CUTIVE OFFICE DLA, FL 32501	US			
Current M	lailing Address	s:	New Maili	ng Address:	
C/O EXEC	AKEVIEW AVE DUTIVE OFFICE DLA, FL 32501	: US			
FEI Number	: 59-2041794	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
PENSACO	AKEVIEW AVE. DLA, FL 32501	US	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	DE.				
0.0.0	KE:				
0101117710		c Signature of Registered Ag	ent	Date	
				Date IS/CHANGES TO OFFICERS AND DIRECTOR	
	Electroni S AND DIRECT	ORS: Delete L DURT			
OFFICER Title: Name: Address:	Electroni S AND DIRECT P () BEMBRY, GARY 2543 ANGEL CO GULF BREEZE,	Polete CL DURT FL 32563 Delete FO WAY	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni S AND DIRECT P () BEMBRY, GARY 2543 ANGEL CO GULF BREEZE, CFO () HILL, MARY A C 6618 ALLISON V PACE, FL 3257	CORS: Delete 'L JURT FL 32563 Delete FO VAY 1 US Delete JR E DRIVE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electroni S AND DIRECT P () BEMBRY, GARY 2543 ANGEL CO GULF BREEZE, CFO () HILL, MARY A C 6618 ALLISON W PACE, FL 3257 CD () LANDRUM, H B 4050 BEDEVER PENSACOLA, FL	Delete (L DURT FL 32563 Delete FO WAY 1 US Delete JR E DRIVE _ 32514 Delete ELSON	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition () Change () Addition CD (X) Change () Addition LANDRUM, BRITT JR 4050 BEDEVERE DRIVE	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY KIRTON S 04/04/2008