2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT.

DOCUMENT #762267

SIGNATURE:

ADVERTISING FEDERATION OF THE SUNCOAST, INC.



FILED Aug 28, 2007 8:00 am Secretary of State

08-28-2007 90023 010 ****61.25

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Principal Place of 3044 GOLDEN R SARASOTA, FL	rain dr	US	PO E	ng Address 80X 15945 ASOTA, FL 34277	US			1 FR 8011 N 81 R 81318	11 210 1200 2 1214 1 20 1	BIFIA GYBYL BY	ESE WEWEL WIWII WIW	IJI r i be iroj
2. Principal Place	e of Busine	ess - No P.O. Box #	3. Mai	ling Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				07312007 _{Ct}	ng-NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Number 34-205689	9		- 	oplied For
Zip	Country Zi			ρ	intry					\$8.75 Add	8.75 Additional ee Required	
6. Name and Address of Current Register				ed Agent				7. Name and Add	ress of New R	egistered .	Agent	
								· 1885 E.L.				
GARDNER, S 1747 INDEPE SARASOTA,			Street A	ddress (P.O. Box Number is f	Not Acceptable)		-			
						City	.1			FL	Zip Cod	e
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.												
SIGNATURE . Sign	nature, typed o	or printed name of registered agent	and title if app	plicable. (NOTE	. Registere	d Agent signat	ure required	d when reinstating)		DATE		
					Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	1 10			
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		RIDGE RD #331 A, FL 34232			ET ADDRESS - ST- ZIP	1900	Walnut -	4., 342	50 3			
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12. I hereby certify that the information supplied with this filing 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 angidess, with all other like empowered.												

John Barran 8/25/07