2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Nam WINEGAR	е	# 769484		٠	•				FILI ECRETARY SION OF CO JUN 20	OF SU OF POR <i>E</i>		
Principal Place of Business 5915 WINEGARD ROAD ORLANDO, FL 32809				Mailing Address 6060 S. ORANGE AVE. ORLANDO, FL 32809 US				06/08/0	5 0	1047	002	
2. Principal Place of Business				3. Mailing Address 5926 5 Orange								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06102005 Ct	ng-NP	CR2E0	37 (10/03)	
City & State			ő	City & State Orlando F1				4. FEI Number 59-256845	5			plied For t Applicable
Zip	Country		30	32809		Country USA		5. Certificate of St	atus Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Curren	t Registere	ed Agent		}		7. Name and Add	ress of New R	egistered	Agent	
-SINGH _F PA 6060 S OR ORLANDO	RANGE AV	Æ	<u>ئ</u>	Street Address City			ddress ((P.O. Box Number is Not Acceptable)				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
D	-	e is \$61.25 tember 7, 2005		Section Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees			k payable to rtment of St	
10.		IRECTORS	RECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					10	
TITLE	PD		557.6.0			LE						☐ Addition
NAME	' ' '			, NAM			Singh Parmonaud					
STREET ADDRESS 6060 S. CRANGE AVE. CITY-ST-ZIP ORLAND FL 32809						REET ADDRESS Y-ST-ZIP	5926 3 Orange Aue Ori F1 328 09					
TITLE	SD	D, C L 02000		Delete 117			<u> </u>	1 1-1 23	<u> </u>		☐ Change	☐ Addition
NAME	COOK, FF	RANK		bolok							_ ogo	
STREET ADDRESS				STI								
CITY - ST - ZIP	-	PARK, FL 32789		CI								
TITLE	TOMENO	O MARY		☐ Delete TI			Director				☐ Addition	
NAME STREET ADDRESS	TOMENG 548 TELL			N/ ST			Tomengo Wary Sur Trellis ct					
CITY-ST-ZIP	1	DFL32809					- Ortando-61-32809-					
TITLE	SD			Delete	TIT	LE	1 _		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	☐ Change	Addition
NAME	FERRER, NOEMI			NAM			T	vieca Ar	Tune			•
STREET ADDRESS	560 TRELLIS CT. ORLANDO, FL 32809					REET ADDRESS	628	R Blake Gr	ON DR 3	34786	,	
CITY-ST-ZiP		J, FL 32809		——————————————————————————————————————		Y-ST-ZIP	Mic	18 Blake for	, El De	280 2		
TITLE NAME	D SABETI, MAX			Delete TITLE NAME							☐ Change	☐ Addition
STREET ADDRESS	· ·	LONIAL DR.		STR								
CITY-ST-ZIP	ORLANDO	O, FL 32801		CIT								
TITLE				☐ Delete	☐ Delete TITLE						☐ Change	☐ Addition
NAME	ı			NAME								
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS Y-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of true 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: 6-13-05 4078127350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date												