2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769721

FILED Jan 13, 2009 Secretary of State

urrent P	rincipal Plac	e of Business:	New Principal Place	of Business:
9 ALDER T WALT	RAVE. ON BCH, FL	32548		
urrent N	lailing Addre	ss:	New Mailing Addres	s:
9 ALDER T WALT	RAVE. ON BCH, FL	32548		
El Number	: 59-2314048	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
/ILLIAMS	ON, MARK			
02 THOR T. WALT he above the State	RNHILL ROAD ON BEACH, I named entity e of Florida.	FL 32547 US	purpose of changing its registere	ed office or registered agent, or both,
)2 THOR T. WALT ne above the State	RNHILL ROAD ON BEACH, I named entity of Florida. RE:	FL 32547 US submits this statement for the		
02 THOR T. WALT he above the State	RNHILL ROAD ON BEACH, I named entity of Florida. RE:	FL 32547 US submits this statement for the nic Signature of Registered Ag	gent	od office or registered agent, or both, Date ES TO OFFICERS AND DIRECTOR
02 THOR T. WALT ne above the State GNATU	e named entity e of Florida. RE: Electro S AND DIRECTOR WILLIAMSON 512 TRENTON	submits this statement for the nic Signature of Registered Actors:) Delete , FRANK C,	gent	Date
12 THORE T. WALT THE ABOVE	e named entity e of Florida. RE: Electro S AND DIRECT WILLIAMSON 512 TRENTON FT WALTON B	submits this statement for the nic Signature of Registered Actors:) Delete , FRANK C, I ST BCH, FL 00000,) Delete , ROBIN, I ST.	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: FRANK C. WILLIAMSON DP 01/13/2009