## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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## **FILED** Apr 20, 2005 8:00 am Secretary of State

Principal Place of Business   POROX 390758   PORO	1. Entity Nar	me	# N0200009 LLAS MASTER AS		TION, INC.					04-20-2005 9	00310 03	7 ****61.	25
Sulfa, Apt. 4, etc.    Sulfa, Apt. 4, etc.   Sulfa, Apt. 4, etc.   O1102005   Chg-NP   CR2E037 (10/03)   Applied Formation   City & State   C	PO BOX 380758 PO BOX 380758								20039084				
City & State  State Address of Current Registered Agent  State Address of Now Registered Agent  Fill Registered Agent  City  FL  Zip Code  FL  Zip Code  FL  Zip C	2. Principal f	Place of Busine	ess .	3. Mailir	ng Address								
City & State    Country   Zip   Country   Zip   Country   St. 75 Additional   St. 75 A	Suite, Apt	. #, etc.		Suite	a, Apt. #, etc.				01102005	Chg-NP	CR2E	037 (10/03)	
Signature   Country   Zip   Country   Signature   Si	City & State			City & State				4. FEI Number			-	<del></del>	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip	Zip		Country					\$8.75 Ad	Iditional
SIGNATURE  SIGNATURE    Port		6. Name	and Address of Current	Registered	Agent		<u> </u>		7. Name and	Address of New	Registered	Agent	··
SIGNATURE    City   FL   Zip Code	14/10114.00	· · · · · · · · · · · · · · · · · · ·					Name						
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  Filling Foe is \$81.25  Due by Mary 1, 2005  Print Fund Contribution.  Description of Provide agent and the Repolicable.  INDE  FOR CONTRIBUTION OF TRUST THE CONTRIBUTION OF Addition the Addition of Trust Fund Contribution.  TITLE  DPST  BOFF, JOSEPH D  STRET ADDRESS  CITY-ST-2P  NAME  STRET ADDRESS  CITY-ST-2P  TITLE  DO OYER, STEVEN D  OYER, STEVEN D  OYER, STEVEN D  STRET ADDRESS  CITY-ST-2P  TITLE  DO OYER, STEVEN D  STRET ADDRESS  CITY-ST-2P  TITLE  MARCO ISLAND, FL 34145  TITLE  DO OYER, STEVEN D  STRET ADDRESS  CITY-ST-2P  TITLE  MARCO STRET ADDRESS  CITY-ST-2P  T	23081 HA	RBOR VIE	<i>N</i> RĎ		•		Street Add	ldress (F	P.O. Box Number	r is Not Acceptab	le)		
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   Signature   Signature, hyadro printed name of registered agent and site if applicable.   (NOTE Registered Agent alongware required when refereating)   DATE		•					City	<del>-</del>				Zip Coo	
SIGNATURE    Filing Fee is \$61.25	9 The chave	named entity	cultimite this statement for	or the purpos	e of changing its	onistor	ad office or r	rociotoro	nd agent, or both	in the State of E		<del></del>	and accept
Signature, Typed or printed name of registered agent and site if applicated.   NATE Registered Agent signature recycled when relevatating)   ST,000 May Be Added to Fees   Make Chick payable to Florida Department of State Added to Fees   Addition   Additi				ii ii ie pui pos	e di changing its i	egister	ad office of the	chizeie	su agent, or both	i, iii iiib olale oi i	ionga. Fan	LIGHTHINGS WITH	, али ассерт
Due by May 1, 2005   Trust Fund Cortabution.   Added to Fees			•		:		,						
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NAME STREET ADDRESS CITY-ST-ZIP NAME OYER, STEVEN D MARCO ISLAND, FL 34145  OYER S MARCO ISLAND, FL 34145  OYER S MARCO ISLAND, FL 3414	SIGNATURE	Signature, typed o	is \$61.25	and title if applic	9. Election Cam	paign F	inancing _		\$5.00 May Be	United States	Make chec	irtment of S	tate
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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 address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR