2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90304 042 ****61.25

1. Entity Nam	MENT # N02531					05-08-2006	90304 042	2 ****6	01.25
Principal Place of Business 10315 CORTEZ RD. W. 17 PT. 10315 44TH, AVE, WEST BRADENTON, FL 34210		Mailing Address 10315 CORTEZ RD. W. 17 PT. 10315 44TH. AVE. WEST BRADENTON, FL 34210				UUOOZJ MALMANNEMINN	Bibil shail shail bi	e n a lon alen	iji 14 81 4881
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05032006	Chg-NP	CR2E037	(4/06)	
City & State		City & State			4. FEI Numbe 59-2731				plied For t Applicable
Zip	. Country	Zip	Coun	ntry .	5. Certificate	of Status Desired		.75 Add Required	litional
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New R	egistered Age	nt	
KORP WILLIAM R				Name					
KORP, WILLIAM R. 333 SOUTH TAMIAMI TRAIL SUITE 199 VENICE, FL 34285			-	Street Address (treet Address (P.O. Box Number is Not Acceptable)				
	2 0,200		-	City			FL	Zip Code	θ
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered	d office or registe	red agent, or both	h, in the State of Flo		iliar with,	and accept
SIGNATURE									
	Signature, typed or prinled name of registered agent as	nd title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)		DATE		
Di	Filling Fee is \$61.25 ue by September 6, 2006	9. Election Car Trust Fund (npaign Fir	nancing	\$5.00 May Be Added to Fees		ake check pa		
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I nereby certify that the information supplied with this filling does not quality 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 address, with all other like empowered. BIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Claytime Phone #