## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam TAMPA E			03-03-2006 901 00 004 ****61.25							
PO BOX 56703 PO B		Mailing Address PO BOX 56703 SAINT PETERSBURG, FL 33			\$ NATURE <b>3</b> 11	& **	: 037H 40H) 03Hi 1		HARA SA INTI	
10 Box 408 PC			Mailing Address PO BLX 408 Suite, Apt. #, etc.		01122006 Cho-NP CR2E037 (11(05)					
VA/VICT	o M	City & State	<u> </u>		4. FEI Number 54-208	Chg-NP	CH2E0	<del></del>	pplied For	
Zip	Country	JAIRICO F. 33595-0408 (	Country USA			of Status Desire	ed 🔲	\$8.75 Add		
	6. Name and Address of Current R		Ī		7. Name and	Address of Ne	w Registered	Agent		
NATHAN, KAREN 2215 E HENRY AVE TAMPA, FL 33610				Name Street Address (P.O. Box Number is Not Acceptable)						
				y FL Zip Code						
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its regi	istered office or	registere	ed agent, or bot	h, in the State o	f Florida. I am	familiar with,	and accept	
SIGNATURE										
Old 1211 Oliza	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Reg	gistered Agent signatur	re required v	when reinstating)		DATE		•	
	Signature, typed or printed name of registered apent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	ign Financing		\$5.00 May B		<del></del>	k payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Campai Trust Fund Contr	ign Financing		\$5.00 May B Added to Fees		Make chec lorida Depa	rtment of S	tate	
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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 address, with all other like empowered.

SIGNATURE: Com UCI 1-12-06 8/3-239-//79

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #