2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 16, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N0500000		08-16-2007 90013 050 ****61.25					
Principal Place of Business 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 Mailing Address 1420 SOUTH FLORIDA AVE LAKELAND, FL 33803				datenear				
5018 Gr	Place of Business - No P.O. Box#	3. Mailing Address P.O. Box			01252007 Cha.NP CP3E037 (13/06)			
			City & State		hg-NP CR2E0)37 (12/06)	-lind For	
Lakeland FL La		Lakeland	ikeland FL		8		plied For at Applicable	
33811	Country	33811	Country	5. Certificate of Si	atus Desired	\$8.75 Add Fee Require	litional d	
	6. Name and Address of Current	Registered Agent	Name		ress of New Registered	Agent		
HARPER, PAUL SEAN				Kay Elliott				
	TH FLORIDA AVENUE D, FL 33803		Street A 5018	Green brook	ess (P.O. Box Number is Not Acceptable)			
				eland	FL	Zip Cod - 338	$I\Lambda$	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office o	r registered agent, or both, in	the State of Florida. I am	familiar with,	and accept	
	1256				.1/	_		
SIGNATURE :	Sygnature typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered Agent signal	ure required when reinstating)	1/25/0	7		
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2007 Trust Fund Co				\$5.00 May Be Make check payable to Florida Department of State				
40	Due by May 1, 2007		11.					
			11.	ADDITIONS/CHAING	ES TO OFFICERS AND D	INECTORS IN	10	
10. TITLE	OFFICERS AND DI		TITLE	Po		☐ Change	Addition	
TITLE NAME	PD HARPER, PAUL SEAN	Delete	NAME	Po Dec a Douis	Knall Dr	☐ Change	Addition	
TITLE	PD	Delete		PD Dean Davis 5616 Oakwood	Knoll Dr 33811	Change	Addition	
TITLE NAME STREET ADDRESS	PD HARPER, PAUL SEAN 1420 SOUTH FLORIDA AVENUI LAKELAND, FL 33803 VD	Delete	NAME STREET ADDRESS	PD Dean Davis 5616 Oakwood Lakeland FL: 50	33811	☐ Change	Addition Addition	
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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: 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 863647-1738