2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12725

FILED Apr 16, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
40 ORAN	BROWN IGE AVE. ITE SPRINGS	, FL 33068		
Current Mailing Address:		New Mailing Address:		
40 ORAN	BROWN IGE AVE. ITE SPRINGS	, FL 33068		
El Number	: 59-2621202	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	RITA IGE AVE. ITE SPRINGS	, FL 32714 US		
40 ORAN LTAMON	IGE AVE. ITE SPRINGS	,	ourpose of changing its registere	ed office or registered agent, or both,
40 ORAN LTAMON	NGE AVE. NTE SPRINGS named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
40 ORAN LTAMON he above the Stat	NGE AVE. NTE SPRINGS named entity e of Florida. RE:	,		ed office or registered agent, or both, Date
40 ORAN LTAMON The above In the Stat	NGE AVE. NTE SPRINGS named entity e of Florida. RE:	submits this statement for the	ent	
40 ORAN LTAMON The above In the Stat	NGE AVE. NTE SPRINGS e named entity e of Florida. RE: Electro S AND DIRECT PD (BROWN, RITA 740 ORANGE	submits this statement for the nic Signature of Registered Age TORS:	ent	Date
40 ORAN LTAMON he above i the Stat IGNATU PFFICER tte: ame: ddress:	RE: BROWN, RITA 740 ORANGE ALTAMONTE S AVD (WADE, SCOT 650 NOTRE D	submits this statement for the nic Signature of Registered Age TORS:) Delete AVE. SPRINGS, FL 32714 US) Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RITA F. BROWN PD 04/16/2005