## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 11, 2006 8:00 am Secretary of State

			)	5-11-2006 !		
Principal Place of Business Mailing Address 9115 58TH DR. 9115 58TH DR. STE. A STE. A BRADENTON, FL 34202 US BRADENTON, FL 34202 US						
Principal Place of Business     Amailing Address						
Suite, Apt. #, etc.			04132006 CI	hg-NP	CR2E037 (11/05)	
City & State		4. FEI Number 65-003576	51	N	pplied For ot Applicable	
Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
t Registered Agent			7. Name and Add	iress of New R	egistered Agent	
COUNTREE WIDE MGMT SERV., INC 9115 48 DRIVE E SUITE A BRADENTON, FL 34202		Street Address (P.O. Box Number is Not Acceptable)				
		City	FL Zip Code			
·	-		···		DATE	
			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
	11.		ADDITIONS/CHANG	ES TO OFFICE		
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	9115 58TH DR. STE. A BRADENTON, FL 3420  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  At Registered Agent  for the purpose of changing its  and title if applicable. (NOT	9115 58TH DR. STE. A BRADENTON, FL 34202 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Cou  It Registered Agent  for the purpose of changing its registered  (NOTE: Registered  9. Election Campaign F Trust Fund Contributi  DIRECTORS  11.  Delete ITILE NAMI STRE	9115 58TH DR. STE. A BRADENTON, FL 34202 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country  It Registered Agent  Name  Street Address  City  for the purpose of changing its registered office or register  nt and title if applicable. (NOTE: Registered Agent signature require)  9. Election Campaign Financing Trust Fund Contribution.	STE. A BRADENTON, FL 34202 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  Country  5. Certificate of State  Name  Street Address (P.O. Box Number is left)  City  City  City  On the purpose of changing its registered office or registered agent, or both, in left applicable.  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  (NOTE: Registered Agent signature required when reinstating)  10. Election Campaign Financing Trust Fund Contribution.  Delete  TIFLE NAME STREET ADDRESS  STEAT ADDRESS	STE. A BRADENTON, FL 34202 US  3. Mailing Address  Suite, Apt. #, etc.  O4132006 Chg-NP  City & State  4. FEt Number 65-0035761  Zip Country 5. Certificate of Status Desired  Name  Street Address (P.O. Box Number is Not Acceptable  City  City  To the purpose of changing its registered office or registered agent, or both, in the State of Florence of Status Point and title if applicable  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  Delete  TITLE  NAME  AME  STATES  TO THE STATES  TO T	3. Mailing Address  Suite, Apt. #, etc.  O4132006 Chg-NP CR2E037 (11/05)  City & State  4. FEI Number 65-0035761 Ne  Zip Country  5. Certificate of Status Desired Fee Require  1. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Cod  Tor the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with,  In and tate if applicable.  (NOTE: Registered Agent signature required when renestating)  PATE  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTEL  OBlete  ITILE  NAME  WAME  AMAGE STORMS K

Interest 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.

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

Daytime Phone #