2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47928

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	VERSITY DR C, FL 33321			
Current Mailing Address:		New Mailing Address:		
	VERSITY DR C, FL 33321			
El Number	r: 65-0339918 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of Current Registered Agen	t: Name and Address of N	New Registered Agent:	
136 UNI\	ICK, SCHIFF VERSITY DR C, FL 33321 US			
136 UNI\ AMARA© he above	VERSITY DR	the purpose of changing its registered c	office or registered agent, or both,	
136 UNIV AMARAC The above the Stat	VERSITY DR C, FL 33321 US e named entity submits this statement for the of Florida. IRE:			
136 UNING AMARAGE THE ABOVE THE STATE STAT	VERSITY DR C, FL 33321 US e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered	d Agent	Date	
136 UNINAMARAGE The above the State SIGNATU	VERSITY DR C, FL 33321 US e named entity submits this statement for the of Florida. IRE:	d Agent		
136 UNINAMARAG he above the Stat IGNATU	VERSITY DR C, FL 33321 US e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered	Agent ADDITIONS/CHANGES	Date	
136 UNIVAMARAGE The above The State IGNATU FFICER tte: Tame: The ame: T	VERSITY DR C, FL 33321 US e named entity submits this statement for the of Florida. IRE: Electronic Signature of Registered SAND DIRECTORS: CD () Delete SCHIFF, FREDERICK 8136 N. UNVERITY DRIVE	ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTO	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FREDERICK R SCHIFF CD 01/16/2009