2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State

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	ATION, INC.	SAOTI OTIAL TER DA							
C/O DOANE 2000 PGA B	ce of Business & DOANE, P.A. SLVD. STE. 4410 M BEACH, FL 33408	Mailing Address C/O DOANE & DOANE, P 2000 PGA BLVD. STE. 4 NORTH PALM BEACH, FL	410		4007 ~ -			i 16 m) Ce me (11	DIIDI OLIGAN
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	· • · • · • · • · • · • · • · • · • · •		01032008 Ch	ıg-NP	CR2E037	(12/06)	
City & State		City & State	· -		4. FEI Number 65-6158034	4		_ 	oplied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		8.75 Add	ditional
	6. Name and Address of Current R	Registered Agent		Ł	7. Name and Addr	ess of New Re			
DO4115 5			Name						
	REBECCA G NE & DOANE		Street	Address (F	P.O. Box Number is N	lot Acceptable)	<u> </u>		
2000 PGA	BLVD., STE. 4410 ALM BEACH, FL 33408					<u></u>			
NORTH P.	ALM BEACH, PL 33408		City					Zip Cod	e
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	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office	or registere	ed agent, or both, in t	the State of Flor	ida. I am fa	miliar with,	and accept
SIGNATURE	8 ¹								
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent ar Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE ike check da Departn		
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12. I hereby certify that the information supplied with this filling 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 principles.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

561-656-0200

Daytime Phone #