2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2006 8:00 am Secretary of State

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Principal Plac	ce of Business	- 102 1	Mailin	g Address	ا رسو	SCAJC	 	· .	- 0 O O B i	11.7.7		
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04142006	Chg-NP	C	R2E037 (11/	05)
City & State			Cit	City & State				4. FEI Numbe	65	-1000	0-603	Applied For Not Applicable
Zip	Country		. Zip	. Zip C		intry		5. Certificate	of Status De	sired	☐ \$8.75 Fee Re	Additional quired
	6. Name a	nd Address of Curre	nt Registere	ed Agent		Name		7. Name and	Address of	New Regi	stered Agent	
MCVETTY, MICHAEL								ALTY		VICE	<u>s</u>	
	KWAY ST.	1001		`			ddrøss (F	P.O. Box Numbe	or is Not Acc	eptable)		
FORT WIT	ERS, FL 33	1060					2	525 F	2011.	٠	57.	
				×.		City	6	2 - M	11/0	"	F1 Zip	Code
8. The above	a named entity :	submits this statement	t for the purp	ose of changing its r	egistere	od office or	registere	ed agent, or bot	n, in the Stat	<u>ح</u> e of Florida	a. I am familiar	with, and accept
the obligat	tions of register	ed agent.	_		_	1		11	/			
SIGNATURE						/	,	- HI 16	~ -		111	/
	Signature, typed or	printed name of registered ap-	pent and like it app	oficable. (NOTE:	Registario	/ CHA	ne required	when rulinesating)	7 		OFTE 7	<i>Dlo</i>
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12. I hereby 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 trusted 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:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06 590-929