2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N0400002007 1. Entity Name

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90439 026 ****61.25

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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Norme — Norme — Norme — Norme — Norme — Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named onlift submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$6125 Bue by May 1, 2005 To OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD OFFICERS AND DIRECTORS IN 11 TITLE PD OFFICERS AND DIRECTORS IN 11 TITLE PD OFFICERS AND DIRECTORS IN 11 TITLE PD OFFICERS AND DIRECTORS IN 10 Dedde TITLE NAME SIRET ADDRESS SIRET AD	City & State		City & State		4. FEI Number	•			
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	SNEAD I	DOLIGIAS III					-		
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or prend infequ inquistrest agent and the is applicable. POTE Registered Agent signature required who inequision.) DATE	8532 VERMANTH RD		•	Street Address		(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hond or preset helpe of registered agent and site of applicable. (NOTE Registered Agent signature required when rematating) DATE									
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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.