2007 NOT-FOR-PROFIT CORPORATION **ANNUAL RÉPORT DOCUMENT # N0100009000** TOGETHER WITH PRIDE FOUNDATION, INC. Principal Place of Business Mailing Address 1288 LAKE BPEEZE DR P.O BOX 211566 WELLINGTON FL 33414 FO/ALFLAMBEACH, FL 33421 LS DO NOT WRITE IN THIS SPACE

FILED Jan 31, 2007 08:00 AM **Secretary of State**



CR2E037 (4/06) 01242007 No Chg-NP Applied For 4. FEI Number 01-0599914 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HOUGH, JOHN H 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

| 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, typed or printed name of registered agent and tille | if applicable /NOTE- Ponistared | Acent elenetur | e required when reinstating) | DATE |
| | organis, typed or printed harris or registered agent and the | in approcase: (1901). Pogisterac | Agoni agricilir | o rodolioo wilon (en enzang) | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRIDE, CURTIS JOHN 1288 LAKE BREEZE DR. WELLINGTON, FL 33414 | · | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRIDE, LISA HELENE 1288 LAKE BREEZE DR. WELLINGTON, FL 33414 | | U00000614343 02/06/07-80022-023 70.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRASSER, JOSEPH A 2050 COUNTRY TRACE LN., #21C TOLEDO, OH 43615 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filing 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 attaching it with an address, with all other like empowered.

Rupris Print-President 1/27/07