## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Jan 31, 2008 8:00 am Secretary of State

		ANNUAL REPORT	

1. Entity Name	MENT # N06			01-31-2008 90017 002 ****61.25							
Principal Place P.O. BOX 175 VERO BEACH		Mai P.( VE	1-1751		- 1    <b>Fr</b>     <b>1    F</b>	6868 400 B300 6866 46		RKIII ( <b>1886</b> ) <b>3</b> 8	nifn fil islfil		
2. Principal P	lace of Business - No P	failing Address	18.5,1								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State			4. FEI Number Applied For 54-2551432 Not Applicable					
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Addre	ess of Current Regist	red Agent			7. Name and	Address of New F	Registered	Agent		
MILLER, KEVIN M 902 CROWN ST SEBASTIAN, FL 32958					Name Rosemarie Spytck Street Address (P.O. Box Number is Not Acceptable)						
				City	198	Brack	Place	SW Fl	Zip Code	a L 2	
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.  SIGNATURE  Signature, bosed or printed name of registered agent and lifte if applicable.  (NoTE: Returbered Agent signature required)  Filling Fee is \$61.25  9. Election Campaign Financing								I DATE	familiar with,		
	Due by May 1, 20	008	Trust Fund Co	ontribution.		\$5.00 May B Added to Fees	~		rtment of St		
10.		ICERS AND DIRECTO	₹S	11.		<del></del>					
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NAME	LEDVIED DACE		☐ Delete	TITLE	A	DDITIONS/CHA	ANGES TO OFFICE	RS AND D	IRECTORS IN	10 Addition	
STREET ADDRESS	SPYTER, ROSE			TITLE NAME	A	DDITIONS/CHA	ANGES TO OFFICE	ERS AND D			
	2498 3RD PLACE S			TITLE NAME STREET ADDRESS	A	DDITIONS/CH/	ANGES TO OFFICE	ERS AND D			
CITY-ST-ZIP	2498 3RD PLACE S VERO BEACH, FL		☐ Delete	TITLE NAME			ANGES TO OFFICE	ERS AND D	☐ Change		
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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 pactive of thustee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP