2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

Daytime Phone #

1. Entity Name	#742039 SOCIATION, INC.				0	3-28-2008 9	90020 027 ****61	.25
C/O PRIME MANAGEMENT GROUP, INC. C/O 6300 PRK OF COMMERCE BLVD 630		Mailing Address C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US				II 81817 81818 81817 81817 81818 81		
2. Principal Place of Busi	ness - No P.O. Box # 3, M	3. Mailing Address						
Suite, Apt. #, etc.	S	Suite, Apt. #, etc.		01222008	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 59-18356	73		pplied For lot Applicable
Zip	Country Z	?ip	Cou ·	intry	5. Certificate of S	Status Desired	\$8.75 Ac	lditional ed
6. Name	e and Address of Current Registe	red Agent		Name	7. Name and Ad	dress of New F	Registered Agent	
-BERNOTEIR, ARNIE FLANDERS R ASSOCIATION, INC 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				Street Address (P.O. Box Number is Not Acceptable)				
			İ	City			FL Zip Cod	de
the obligations of regis	ty submits this statement for the pur tered agent.	pose of changing its a	(Bylsle) c	30 Ollice di Tegla	iteled agent, or both, a	n the State of Fi	Ofica. Tam tanıllar willi '	, and accept
SIGNATURESignature, types	d or printed name of registered agent and title if a	pplicable. (NOTE:	Registered	d Agent signature requi	ired when reinstating)		DATE	
Signature, types	d or printed name of registered agent and title if a	9. Election Cam Trust Fund Co	paign Fi	inancing	\$5.00 May Be Added to Fees	II	DATE Take check payable strida Department of S	
Signature, types Filling Fe Due by I	pe is \$61.25	9. Election Cam Trust Fund Co	paign Fi	inancing	\$5.00 May Be Added to Fees	Floi	lake check payable	tate
Filing Fe Due by II 10. TITLE VP NAME SELVIN, STREET ADDRESS 858 FLAN	oe is \$61.25 May 1, 2008 OFFICERS AND DIRECTOR	9. Election Cam Trust Fund Co	paign Fi ontribution 11. TITLE NAME	inancing	\$5.00 May Be Added to Fees	Floi	Take check payable rida Department of S	tate
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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.

SIGNATURE:	V	obert 5 Alter	R.S. ALTER	2/13/08	561-499-2626
	SIGN	ATURE AND TYPED OR PRINTED NAME OF SIGN	IING OFFICER OR DIRECTOŘ	Date	Daytime Phone #