2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007463

FILED Apr 10, 2008 Secretary of State

Entity Na				
Current Principal Place of Business:		New Principal Place of Business:		
	LEGE ROAD T, FL 33040			
Current Mailing Address:		New Mailing Address:		
	LEGE ROAD T, FL 33040			
El Number	: 20-1681971	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
NOOD, FI	RANK			
SUGARLO	RLOAF DRIV OAF KEY, FL	33042 US		
SUGARLO	OAF KEY, FL	33042 US	ourpose of changing its registere	ed office or registered agent, or both,
SUGARLO	OAF KEY, FL : named entity of Florida. RE:	33042 US submits this statement for the p		
SUGARLC The above n the State SIGNATUI	OAF KEY, FL : named entity of Florida. RE: Electro	33042 US submits this statement for the part of the part of Registered Agree Of Regist	ent	Date
SUGARLC The above n the State BIGNATUI	OAF KEY, FL : named entity of Florida. RE:	33042 US submits this statement for the part of the part of Registered Agree Of Regist	ent	
SUGARLC The above n the State SIGNATUI	named entity of Florida. RE: Electro S AND DIRECT	submits this statement for the particles of Registered Age TORS:) Delete C BLVD	ent	Date
SUGARLO The above In the State SIGNATUI DFFICER: Italiame: Italia	onamed entity of Florida. RE: Electro S AND DIRECT CALL, NEIL 1500 ATLANTI KEY WEST, F D (WOOD, FRAN 152 SUGARLO	submits this statement for the price Signature of Registered Age TORS:) Delete C BLVD L 33040) Delete K	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK WOOD DIR 04/10/2008