I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: NELLIE AUGUSTIN

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5813 SW 47TH AVE A 103 PORT SALERNO, FL 34997

Current Mailing Address:

DOCUMENT# N0600009664

PO BOX 853 PORT SALERNO,, FL 34992 US

FEI Number: 20-8234247

Name and Address of Current Registered Agent:

AUGUSTIN, NELLIE 5813 SW 47TH AVE A 103 PORT SALERNO, FL 34997 US FILED Mar 06, 2021 Secretary of State 3976597848CC

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| | Title | PD | Title | VP |
|--|-----------------|-------------------------|-----------------|----------------------------|
| | Name | AUGUSTIN, NELLIE | Name | MILIEN, SHEFACIA |
| | Address | PO BOX 853 | Address | PO BOX 853 |
| | City-State-Zip: | PORT SALERNO, FL 34992 | City-State-Zip: | PORT SALERNO, FL 34992 |
| | Title | SD | Title | SECRETARY |
| | Name | PETIT, MARIE MAUD | Name | MILIEN, SHEFACIA TREASAURY |
| | Address | PO BOX 853 | Address | PO BOX 853 |
| | City-State-Zip: | PORT SALERNO, FL 34992 | City-State-Zip: | PORT SALERNO, FL 34992 |
| | Title | VP | | |
| | The | VF | | |
| | Name | ESTAMAR, MORALES MEMBER | | |
| | Address | PO BOX 853 | | |
| | City-State-Zip: | PORT SALERNO, FL 34992 | | |
| | | | | |

03/06/2021

Date

Date