NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jul 06, 2005 8:00 am **Secretary of State DOCUMENT # 706566** 1. Entity Name Square Cicic Association, Inc. 07-06-2005 90033 015 ****61.25 DO NOT WRITE IN THIS SPACE 50055036 2. Principal Place of Business Mailing Address Po. Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2/3780 0 Bola Katon City & State Applied For Not Applicable Zip Country Country S -\$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent MORENCY, ELAUBETTE DO NOT WRITE Address (P.O. Box Number is Not Acceptable) 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 agent3-SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box initial or Amended UBR Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS Director. White, Alfred 51. 957 S.W. 5+1 5+. Boco Roton, 41. 3348 6 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Uica PASSICIENT TITLE TITLE m 273 Jay 8 St 967 S.W. 8 St Bois Reton, +1. 33486 NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP Prosident TITLE TITLE Morency claudatto NAME NAME 281 S.W STREET ADDRESS STREET ADDRESS DO NOT WRITE Bocz Raton CITY-ST-ZIP CITY-ST-ZIP Director - Sechetary TITLE TITLE IN THIS SPACE Leinna, hynda 1045 sw. 13 St. Boca Raton fl. 33486 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 12 K. Ronsld NAME NAME STREET ADDRESS STREET ADDRESS Bocz Rston +1. 33486 CITY-ST-ZIP CITY-ST-ZIP TITLE TOTA F

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

ony - ELAUDETTE MORENCY 66/30/05 (561)-399-9731 SIGNATURE: