## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2007 8:00 am Secretary of State

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DOCU  1. Entity Nan INDIANT OF COM			Ì	<b>Secre</b> 04-06-20	etary 90043					
15935 S.W.	ce of Business WARFIELD N, FL 34956 US	Mailing Address P.O. BOX 602 INDIANTOWN, FL 34956	US		l (TEIR) (FRE)	# <b>##</b> #################################	TI BUI BUTU BUTU	INEN ENTRE ENERGE AN	MINEL OLI JETO	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State			4. FEI Numbe 59-2058				pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered	Agent		
FISH, ALLON MR.				Name						
	/. WARFIELD BLVD. DWN, FL 34956		Street A	Address (F	P.O. Box Numbe	r is Not Accept	table)			
			City					Zip Cod	to.	
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<ol><li>The above the obligat</li></ol>	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office o	r registere	ed agent, or bott	n, in the State o	of Florida. I an	n familiar with,	and accept	
SIGNATURE	Stoneture board or evinger trainer of problems accord	and title if applicable (MOTE: 6	incretered Accest screen	hara racu iract	uben minetotion)		DATE:		<del></del>	
SIGNATURE	Signature, typed or armition retires of policy agent	and title & applicable. (NOTE: F	Registered Agent signat	ture required	when rainstating)		DATE			
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12. I hereby certify that the information supplied with this filing 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 cath; 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: X

SIGNATURE ARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-07

772-587-218

Daytime F