2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 01, 2006 8:00 am **Secretary of State DOCUMENT # 712753** 1. Entity Name 03-01-2006 90020 047 ****61.25 520 SPRING AVENUE, INC. Principal Place of Business Mailing Address POBOX ##87 251 520 SPRING AVE ANNA MARIA FL 34210-4127 34216-025 ANNA MARIA FL 34216-4127 2. Principal Place of Business 520 SPRING Suite, Apt. #, etc Suite, Apt. #. etc 1st MOORE CR2E037 (10/05) Pity & State MARIA City & State Mavic Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34216 1 VALLE 34516-0512 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAHMS, BRIAN Street Address (P.O. Box Number is Not Acceptable) 160 CRESCENT DRIVE PO BOX 251 ANNA MARIA FL 34216 Zip Code 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 age BRIAN DALIMI SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TITLE Delete Mcingyney, George TITLE BRIGHT, JEAN NAME NAME STREET ADDRESS 520 SPRING AVE STREET ADDRESS SARASOTA 34231 ANNA MARIA FL 34216 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete DAHMS, BRIAN NAME NAME 160 CRESCENT DRIVE STREET ADDRESS STREET ADDRESS ANNA MARIA FL 34216 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE DAHMS, MAUREEN NAME NAME STREET ADDRESS 160 CRESCENT DRIVE STREET ADDRESS CITY-ST-ZIP ANNA MARIA FL 34216 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME MCINEVNEY, GEORGE 2716 SEASPRAY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change ` 🔲 Addition ☐ Delete TITLE TITLE CAIN, PAT & PETER NAME 520 SPRING AVE STREET ADDRESS STREET ADDRESS ANNA MARIA FL 34216 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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 Block 11 if changed, or on an attachment with agraeddress, with all other like empowered.

SIGNATURE:

FILED

778-0542