


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 043 ****61.25

DOCUMENT # 712753		
1. Entity Name 520 SPRING AVENUE, INC.		

Principal Place of Business 520 SPRING AVE ANNA MARIA, FL 34216 US	Mailing Address P O BOX 251 ANNA MARIA, FL 34216-0215 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>C/O Lynn Pfander</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1218 N. Decatur Rd</i>	
City & State		City & State <i>ATLANTA, GA</i>	
Zip	Country	Zip	Country
		<i>30306</i>	<i>USA</i>

02212008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAHMS, BRIAN 160 CRESCENT DRIVE PO BOX 251 ANNA MARIA, FL 34216		7. Name and Address of New Registered Agent Name <i>Sandra Brooks</i> Street Address (P.O. Box Number is Not Acceptable) <i>1802 Woody Dr.</i> <i>Win</i> City <i>WINDERMERE</i> FL Zip Code <i>34786</i>	
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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 agent.	
SIGNATURE <i>Sandra Brooks</i>	DATE <i>3-24-08</i>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINEVNEY, GEORGE 2716 SEASPRAY ST SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McInerney, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAHMS, BRIAN 160 CRESCENT DRIVE ANNA MARIA, FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Sandra Brooks 1802 Woody Dr. WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAHMS, MAUREEN 160 CRESCENT DRIVE ANNA MARIA, FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Marie Bordenave P.O. Box 911 Anna Maria, FL 34216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAIN, PAT & PETER 520 SPRING AVE ANNA MARIA, FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cain, Pat <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lynn Pfander 1218 N Decatur Rd ATLANTA, GA 30306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 an address, with all other like empowered.	
SIGNATURE: <i>Lynn M. Pfander</i>	DATE: <i>2/21/08</i> DAYTIME PHONE: <i>404-431-0568</i>