2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # 716069 FATER POINT, INC., NO. 1, A			I-14-2008 90047 0	004 ****61.2	.5	
Principal Plac 7850 ULMER STE 1 LARGO, FL 3	RTON RD.	UITE 205 I US		4006			
4175 East Bay Dr.		3. Mailing Address			100k 0300 0303 (00 135k 130)	UJUH UJUK BISIL BISIL	
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc.		02042008 CI	hg-NP CR2E	037 (12/06)	
City & State Chearwater FL		City & State		4. FEI Number 59-137729	91		lied For Applicable
Zip 3/14/ 3	3764 Pinellas	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Addit Fee Required	ional
	6. Name and Address of Current F	Registered Agent		7. Name and Add	Iress of New Registered	d Agent	
		,	Name /	1: 00.			
HILDEBRANDT, HAL -C/O CMC ING. 4175 EAST BAY DRIVE, # 205			Street Addite	Street Address (P.O. Box Number 19 Not Acceptable)			
				CITIC DRC.			
CLEARWATER, FL 33764			7	S East A	Jay N. 7	205	
	·		Clear	unte	/ F	L 337	64
8. The above	named entity submits this statement for ions of registered appear	the purpose of changing its re	egistered office or regi	stered agent, or both, in	the State of Florida. I an	m familiar with, a	nd accept
the obligat	ions of registered the Kull	lina					
	ノドティン				4	428/8	>
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: F	Registered Agent signature req	uired when reinstating)	DATE		
			· ·				
	Filing Fee is \$61.25				l Make che	ck payable to	
	Due by May 1, 2008	Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees		artment of Sta	te
10.	-	Trust Fund Co		Added to Fees		artment of Sta	
10.	Due by May 1, 2008	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANG	Florida Depa ES TO OFFICERS AND D	artment of Sta	
	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANG	Florida Depa ES TO OFFICERS AND D	artment of Sta	0
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08 721

727-447-1750