2008 NOT-FOR-PROFIT CORPORATION

FILED Aug 07, 2008 8:00 am Secretary of State 08-07-2008 90062 031 ****61.25

ANNUAL REPORT	
DOCUMENT # 723052	
1. Entity Name	ALT Z

1. Entity Nam	ASSOCIATION, INC. THE										
Principal Place of Business C/O MRS. MARY MCKEON 900 SOUTH OCEAN BLVD, DELRAY BEACH, FL 33483		Mailing Address C/O MRS. MARY MCKEON 900 SOUTH OCEAN BLVD, DELRAY BEACH, FL 33483				11111111111					
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07212008	Chg-NP	CR2E0	CR2E037 (12/06)		
City & Stat	e	City	& State			4. FEI Numbe NOT AP	PLICABLE		—	oplied For ot Applicable	
Zip	Country	Zip		Cot	untry	5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered	1 Agent			7. Name and	Address of New F	Registered	Agent		
	2000 011101505				Name						
RUTHERFORD, CHARLES E. 2600 NORTH MILITARY TRAIL FOURTH FLOOR, ONE CROCKER SQUARE BOCA RATON, FL 33431					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	le	
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpo	se of changing its	register	ed office or re	egistered agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE											
	Signature, typed or printed name of registered agen	t and title if apple	cable. (NOTE	E. Registere	ed Agent signature	required when reinstating)		DATE			
	Signature, typed or printed name of registered agen	t and title if apple	9. Election Can	npaign F	Financing	\$5.00 May B		lake chec	k payable t		
D	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008		· · · · · ·	πpaign F Contribut	Financing tion.	\$5.00 May B Added to Fees	Floi	lake chec rida Depa	tment of S	tate	
D:	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND D		9. Election Can Trust Fund C	npaign F Contribut	Financing tion.	\$5.00 May B Added to Fees		lake chec rida Depa	RECTORS IN	tate I 10	
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10. TITLE NAME	Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND D. PTD MCKEON, MARY		9. Election Can Trust Fund C	mpaign F Contribut 11.	Financing tion.	\$5.00 May B Added to Fees	Floi	lake chec rida Depa	RECTORS IN	tate I 10	
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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: