2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729007

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1309 CR 4 EUSTIS, F					
Current Mailing Address:			New Maili	New Mailing Address:	
1309 COL EUSTIS, F	INTRY ROAD 4 FL 32726 US	_			
FEI Number	: 59-1493309	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1600 ALÁI EUSTIS, F	FL 32726 US		ourpose of changing i	ts registered office or registered agent, or both,	
	e of Florida.	· · · · · · · · · · · · · · · · · · ·			
SIGNATU					
			_	<u> </u>	
	Electron	ic Signature of Registered Age	ent	Date	
OFFICER	Electron S AND DIREC			Date IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	S AND DIREC	TORS: Delete MELVIN VAY			
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () BOREZYNSKI, 533 JUNIPER V TAVARES, FL	Delete MELVIN VAY 32778 Delete LOUIS T #1	ADDITION Title: Name: Address:	D (X) Change () Addition BORCZYNSKI, MELVIN 533 JUNIPER WAY	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D () BOREZYNSKI, 533 JUNIPER V TAVARES, FL: D () KULTURIDES, 40 N EUSTIS S EUSTIS, FL 32	Delete MELVIN VAY 32778 Delete LOUIS T #1 726 Delete RLES,	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change () Addition BORCZYNSKI, MELVIN 533 JUNIPER WAY TAVARES, FL 32778	
OFFICER Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	D () BOREZYNSKI, 533 JUNIPER W TAVARES, FL D () KULTURIDES, 40 N EUSTIS S EUSTIS, FL 32 PD () ASHLEY, CHAR 1600 ALAN DRI EUSTIS, FL	Delete MELVIN VAY 32778 Delete LOUIS T #1 726 Delete RLES, VE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change () Addition BORCZYNSKI, MELVIN 533 JUNIPER WAY TAVARES, FL 32778 () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIPPE GAMAIN MR. 01/16/2009