## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90095 032 \*\*\*\*61.25

| 1. Entity Name   | MENT # 729490<br>ANDS LEASEHOLDERS AS   | SSOCIATION                                      | , INC.   |   | 1                              | -12-2000 90093              | - 032 *** 61  | .23                                    |
|--|---|---|--|---|--------------------------------|-----------------------------|---|--|
| Principal Place<br>3700 CREIGH<br>SUITE 1<br>PENSACOLA,  | ITON RD   | Mailing Address<br>P O BOX 1111<br>PENSACOLA, 1 |  | 3   |                                | 8)11 81818 IBIN BBN BIN BIB | n nink skon olën blë                                | 11 <b>0 : A</b> t 1001                 |
| 2. Principal Place of Business   |   | 3. Mailing Address                              |  |   |                                |                             |   |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #                                   | , etc.   |   | 04052006 Ch                    | g-NP CR2                    | E037 (11/05)  |  |
| City & State   |   | City & State                                    |  |   | 4. FEI Number 59-1538265       | 5                           |   | plied For<br>t Applicable              |
| Zīp  | Country   | Zip   | Cc   | ountry  | 5. Certificate of Sta          | atus Desired                | \$8.75 Add<br>Fee Required                          |  |
|  | 6. Name and Address of Current  | Registered Agent                                |  |   | 7. Name and Addr               | ess of New Register         | ed Agent  |  |
| VÁJILI LAMA  |   |   |  | Name / A  | L. S                           | SMITH                       | f   |  |
| WILLIAMS, MAX<br>4040 DUNIWOODY DR.<br>PENSACOLA, FL. 32503  |   |   |  | Street Address (P.O. Box Number is Not Acceptable)  |                                |                             |   |  |
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|  | * **<br>* ***   |   |  | City  | F BAEEZ                        | ا عِ′                       | ₣∟ऻॗॶऀ  | 61                                     |
|  | named entity submits this statement to  | or the purpose of ch                            | ے کہ کے  | MITH  |                                | 4/8                         | 106   | and accept                             |
|  | Signature, typed or printed name or registered agent  | ало тие в аррисаме.                             | (NUIE: Hegiste   | red Agent signature require   | ed when reinstating)           | UA                          | TE  |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2006   | 9. El   | ection Campaign<br>ust Fund Contribu   | Financing   | \$5.00 May Be<br>Added to Fees | Make ch                     | neck payable to                                     |  |
| 10.  | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DI  | 9. Etc<br>Tri                                   | ection Campaign  | Financing ution.  | \$5.00 May Be                  | Make ch<br>Florida De       | neck payable to<br>partment of St                   | tate<br>10                             |
| TITLE  | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DI  | 9. Etc<br>Tri                                   | ection Campaign ust Fund Contrib  11   | Financing ution.   Liting III   | \$5.00 May Be<br>Added to Fees | Make ch<br>Florida De       | neck payable to<br>partment of St                   | tate                                   |
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I nereby 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.

8/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 850-206-9581 SIGNATURE: