2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 8:00 am

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1. Entity Narr	MENT #729947	TEL ASSOCIATION,					04-30-200	7 90443 (012 ****61.	.25
3727 S ATL	e of Business ANTIC AVE CH SHORES, FL 32127-5208	Mailing Address 3727 S ATLANTIC AVE DAYTONA BCH SHORE		127-5208	3			il f ati ris fi s jen	BIAN GIBN GIBN BIG	Skuði Vi íski
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04152007 Chg-NP CR2E037 (12/06)				
City & Stat	е	City & State				4. FEI Number 59-163				pplied For ot Applicable
Zip	Country	Zip	Cou	intry		5. Certificate	of Status Desire	ed 🗌	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent	<u>' </u>			7. Name and	Address of Ne	w Registere	d Agent	
11101/11/	FD4547			Name				-		
3727 SO.	LUB CONDO OFFICE ATLANTIC AVE.				eet Address (P.O. Box Number is Not Acceptable)					
DAYTONA	A BEACH, FL 32118			City				F	L Zip Cod	ie
	named entity submits this statement follows of registered agent.	or the purpose of changing it	ts registere	ed office or	registere	ed agent, or bo	th, in the State o	of Florida. I a	m familiar with,	, and accept
'SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered	d Agent signatur	re required	when reinstating)		рап		
SIGNATURE	Signature, lyped or printed name of registered agent					when reinstating)		DATE		
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Ca Trust Fund	ampaign Fi	inancing		\$5.00 May E Added to Fees	le	Make che	eck payable to	
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CITY-ST-ZIP ORLANDO, FL 32811

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

4-23-07 386-761-3266