2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 19, 2006 8:00 am Secretary of State

06-19-2006 90001 016 ****61 25

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Suite, Apl. F, etc. Suite, Apl. F, etc. Suite, Apl. F, etc. O6082006 Chg.NP CR2E037 (A106)	50 W STRAW	VBRIDGE AVE	1830 S BABCOCK ST	901				:	a (51) e i 1 20 1
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Special Country Zip Country S. Certificate of Status Desired \$8.75 Addition \$8.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			06082006	Chg-NP	CR2E037 (4/06)	
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Name Street Address P.O. Box Number is Not Acceptable	Zip	Country	Zip	Country	/	5. Certificate	of Status Desired	\$8.75 Ad	lditional
Signature Steel Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and late if applicable. Filting Fee is \$61.25 Due by September 6, 2006 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME SIREET ADDRESS CITY-ST-2IP POTTER, WILLIAM S POTTER, WILLIAM S POTTER, WILLIAM S POTTER, WILLIAM S SIREET ADDRESS CITY-ST-2IP PALM BAY, FL 32905 TITLE VD NAME CREWS, MICHAEL 3159 MINTON RD Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP Delete TITLE NAME SIREET ADDRESS CITY-ST-2IP Change Ch	50 W STRAWBRIDGE AVE								
SIGNATURE Signature, typed or printed name of registered agent and site if explicable. (NOTE: Registered Agent Bignature required when reinstating) DATE				С	City			FL Zip Coo	de
Signature: typed or printed name of regulared agent and use if applicables. (NOTE: Regulared Agent signature required when reintisting) DATE	8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing it	s registered of	office or regist	ered agent, or both	h, in the State of Flo	orida. I am familiar with	, and accept
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE RIVERSON, MARLOWE STREET ADDRESS CITY-S1-ZIP ITILE TO DEBET ADDRESS CITY-S1-ZIP ITILE TO DEBET ADDRESS CITY-S1-ZIP ITILE VD DEBET ADDRESS CITY-S1-ZIP ITILE WASTELL ADDRESS CITY-S1-ZIP CHARGE ADDRESS CITY-S1-ZIP CHARGE WASTELL ADDRESS CI	SIGNATURE .	Signature, typed or printed name of registered agent.	and tale if applicable. (NO	TE: Registered Age	ent signature requir	ed when reinstating)		DATE	
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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 at other like empowered.

SIGNATURE: MARLOWE K. LVERSON 6/8/66 733-537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of the control of