2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742318

FILED Apr 27, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	e of Business:
	177 AVE EAD, FL 3303	O US		
Current Mailing Address:		New Mailing Address:		
PO BOX 9 HOMESTE	00428 EAD, FL 3303	00428 US		
El Number	: 59-0791013	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	S, TED 6 STREET EAD, FL 3303	o us		
240 N.E. 1 HOMESTE	6 STREET EAD, FL 3303		purpose of changing its registere	ed office or registered agent, or both
240 N.E. 1 HOMESTE	6 STREET EAD, FL 3303 named entity of Florida. RE:	submits this statement for the _l		ed office or registered agent, or both
240 N.E. 1 HOMESTE The above n the State	6 STREET EAD, FL 3303 named entity of Florida. RE:			ed office or registered agent, or both Date
240 N.E. 1 HOMESTE The above n the State BIGNATUI	6 STREET EAD, FL 3303 named entity of Florida. RE:	submits this statement for the particles of Registered Ag	ent	
240 N.E. 1 HOMESTE The above n the State BIGNATUI	6 STREET EAD, FL 33030 e named entity e of Florida. RE: Electron S AND DIREC	submits this statement for the pair of the pair of Registered Age TORS:) Delete OND TAVENUE	ent	Date
240 N.E. 1 HOMESTE The above In the State BIGNATUI DFFICER: Itle: Itame: Itame	6 STREET EAD, FL 33036 e named entity e of Florida. RE: Electron S AND DIRECT D (CAVES, RAYM 29150 SW 167 HOMESTEAD,	submits this statement for the particles of Registered Age TORS: Delete OND AVENUE FL 33030 Delete EDWIN	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO

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: TED WILLIAMS D 04/27/2007