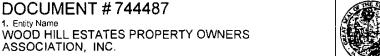
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT





ASSOCIATION, INC. 4001020-Principal Place of Business Mailing Address 2569 HOPE LANE WEST 2569 HOPE LANE WEST PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2281588 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, DAVID Street Address (P.O. Box Number is Not Acceptable) 2569 HOPE LANE WEST PALM BEACH GARDENS, FL 33410 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TD TITLE ☐ Delete TITLE ☐ Change Addition PHILLIPS, DAVID NAME NAME 2569 HOPE LANE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33410 CITY-ST-ZIP Prion Weinberg 2680 Hope Lane West Delete PD TITLE Change Addition TITLE NAME BURDEN, DAN NAME 2659 HOPE LANE WEST STREET ADDRESS STREET ADDRESS Palm Beach Gardens 33410 WEST PALM BEACH, FL 33410 CITY-ST-ZIP CITY-ST-ZIP SD Change TITLE Delete TILLE ☐ Addition BURDEN, BETSY NAME NAME STREET ADDRESS 2659 HOPE LANE W STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE □ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 repetive 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 attachr

SIGNATURE:

FILED

Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90277 044 ****61.25