2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nan	ne	# 745149 PERTREE ASSOC	04	I-03-2006 9	0385 025 **	**61.	.25				
6300 PRK O BOCA RATO	AGEMENT GR OF COMMERC N, FL 33487	ROUP E BLVD 7	6300 PRK OF COMMER	illing Address RIME MANAGEMENT GROUP 800 PRK OF COMMERCE BLVD DCA RATON, FL 33487							
2. Principal Place of Business			3. Mailing Address]					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082006 _C	hg-NP	CR2E037 (1	1/05)		
City & State			City & State			4. FEI Number 59-189422	21		_	oplied For ot Applicable	
Zip	Country		Zíp Counti						\$8.75 Additional Fee Required		
_ 6. Name and Address of Current R			legistered.Agent	sistered Agent Name			7. Name and Address of New Registered Agent				
		DRIVE, #6102			Street Address (P.O. Box Number is Not Acceptable)						
	signatura, typed	or printed name of registered agent ar	or title if applicable. (NOT)	E: Registered Agent sk	gnazire required) when reinstaung)		orida. I am famili			
40	_	e is \$61.25 tay 1, 2006	Trust Fund 0			\$5.00 May Be Added to Fees	Flor	ida Departmen	t of St	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19674 SA BOCA RA	OFFICERS AND DIRECTION OFFICERS AND DIRECTION OFFI 33434	☐ Delete	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	T	ADDITIONS/CHANG	ES TO OFFICE	- $$	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20000 SA	EONARD E. WGRASS LANE, #5003 TON, FL 33434	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS P			×	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	19590 SA	AN, MICHAEL WGRASS DRIVE #2501 TON, FL 33434	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, JULIE WGRASS DR. TON, FL 33434	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19990 SA	N, RONNIE WGRASS LANE, #4202 TON, FL 33434	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	5			×	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Lan 197	nbert, Mai 70 Sawgra 64 Ratur	rtin ass Dri	1ve #6 33434	hange D	Addition	
indicated	on this repor-	e information supplied with the tor supplemental peport is to receiver or trislee empowers with an address, with an address, with an address.	rue and accurate and that m	ny signature shal as required by C	contained If have the s	in Chapter 119, Flor same legal effect as i	ida Statutes. In the first that made under conditions that my name	further certify that	t the in officer	or director	