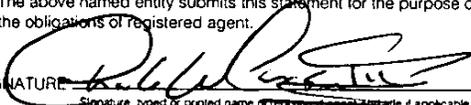
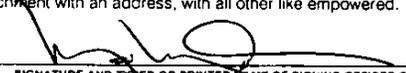


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 039 ****61.25

DOCUMENT # 748017					
1. Entity Name AZALEA TRACE, INC.					
Principal Place of Business AZALEA TRACE INC 10100 HILLVIEW ROAD PENSACOLA, FL 32514			Mailing Address AZALEA TRACE INC 10100 HILLVIEW ROAD PENSACOLA, FL 32514		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1932549	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IRWIN, DANIEL H 7700 WEST CAMINO REAL BLVD SUITE 300 BOCA RATON, FL 33433			Name <i>Charles W. Coxson, III</i> Street Address (P.O. Box Number is Not Acceptable) <i>7700 West Camino Real Blvd</i> <i>Suite # 300</i> City <i>Boca Raton</i> FL Zip Code <i>33433</i>		
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 		REGIONAL VP FLORIDA		4/17/08	
Signature, typed or printed name of registered agent, if applicable		(NOTE: Registered Agent signature required when reissuing)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, DONALD	NAME			
STREET ADDRESS	375 MORRIS RD	STREET ADDRESS			
CITY-ST-ZIP	WEST POINT, PA 19486	CITY-ST-ZIP			
TITLE	PSD <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASHNER, MARVIN	NAME			
STREET ADDRESS	375 MORRIS RD	STREET ADDRESS			
CITY-ST-ZIP	WEST POINT, PA 19486	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IRWIN, DANIEL H	NAME			
STREET ADDRESS	7700 WEST CAMINO REAL BLVD, SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YONKER, TITUS W	NAME			
STREET ADDRESS	375 MORRIS RD	STREET ADDRESS			
CITY-ST-ZIP	WEST POINT, PA 19486	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	D/AT		
STREET ADDRESS		STREET ADDRESS	Gerald T. Grant		
CITY-ST-ZIP		CITY-ST-ZIP	375 Morris Rd. West Point, PA 19486		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		4/22/08		215-661-8338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	