
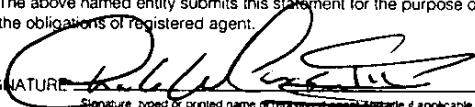
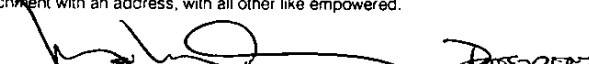


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 748017</b> 1. Entity Name <b>AZALEA TRACE, INC.</b>					
Principal Place of Business <b>AZALEA TRACE INC</b> <b>10100 HILLVIEW ROAD</b> <b>PENSACOLA, FL 32514</b>			Mailing Address <b>AZALEA TRACE INC</b> <b>10100 HILLVIEW ROAD</b> <b>PENSACOLA, FL 32514</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>IRWIN, DANIEL H</b> <b>7700 WEST CAMINO REAL BLVD</b> <b>SUITE 300</b> <b>BOCA RATON, FL 33433</b>				Name <b>Charles W. Coxson III</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 West Camino Real Blvd</b> <b>Suite # 300</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33433</b>	
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  <b>REGIONAL VP FLORIDA</b>				DATE <b>4/17/08</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DAVIS, DONALD</b> <b>375 MORRIS RD</b> <b>WEST POINT, PA 19486</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MASHNER, MARVIN</b> <b>375 MORRIS RD</b> <b>WEST POINT, PA 19486</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRWIN, DANIEL H</b> <b>7700 WEST CAMINO REAL BLVD, SUITE 300</b> <b>BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>YONKER, TITUS W</b> <b>375 MORRIS RD</b> <b>WEST POINT, PA 19486</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/AT</b> <b>Gerald T. Grant</b> <b>375 Morris Rd.</b> <b>West Point, PA 19486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>4/22/08</b> <b>215-661-8338</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					