## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748897** 

FILED Apr 30, 2009 Secretary of State

urrent P	rincipal Place	of Business:	New Principal Place of Business:
	NGTON AVENI VILLE, FL 322		
urrent M	ailing Addres	s:	New Mailing Address:
	NGTON AVENI VILLE, FL 322		
El Number:	59-3026511	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	Address of C	urrent Registered Agen	: Name and Address of New Registered Agent:
MINE DO			
595 LÉXII	OUGLAS J. NGTON AVENI VILLE, FL 322	UE 10 US	
595 LEXII ACKSON he above	NGTON AVENI VILLE, FL 322	10 US	he purpose of changing its registered office or registered agent, or both
595 LEXII ACKSON he above	NGTON AVENI VILLE, FL 322 named entity se of Florida. RE:	10 US submits this statement for	
595 LEXII ACKSON he above i the State	NGTON AVENI VILLE, FL 322 named entity set of Florida. RE:	10 US submits this statement for signature of Registered	Agent Date
595 LEXII ACKSON he above i the State	NGTON AVENUVILLE, FL 322  named entity set of Florida.  RE: Electronic  B AND DIRECT  PD () LEMMEL, DAVID 4499 LIMPKIN L	10 US submits this statement for signature of Registered  FORS:  Delete DE	
595 LEXII ACKSON' the above the State IGNATUF FFICERS ttle: ame: ddress:	NGTON AVENUVILLE, FL 322  named entity set of Florida.  RE:  Electroni  S AND DIRECT  PD ()  LEMMEL, DAVIE  4499 LIMPKIN L  FERNANDINA B	submits this statement for submits this statement for sic Signature of Registered FORS:  Delete DE LANE EACH, FL 32034  Delete AS J DN AVE #100	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: ( ) Change ( ) Addition Name: Address:

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: DOUGLAS J MILNE DΝ 04/30/2009