2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748973

FILED Mar 07, 2008 Secretary of State

Current Principal Place of Business: BOX 108 JACKSONVILLE, FL 32212 Current Mailing Address: BOX 108 JACKSONVILLE, FL 32212			New Principal Place of Business: 2560 MAYPORT ROAD ATLANTIC BEACH, FL 32233						
						New Mailing Address: 2560 MAYPORT ROAD ATLANTIC BEACH, FL 32233			
			El Number	: 59-1052424	FEI Number Applied For ()				
			Name and	d Address of	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
108 SHEL	HY, KATHLEE BY'S COVE C EDRA BEACH	T.							
		submits this statement for th	e purpose of changing	its registered	office or registered agent, o	or bot			
	e of Florida.	submits this statement for th	e purpose of changing	its registered	office or registered agent, c	or bot			
n the Stat	e of Florida. RE:	submits this statement for th		its registered	office or registered agent, o	or bot			
n the Stat	e of Florida. RE:	nic Signature of Registered A	Agent						
n the Stat	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered ACTORS:) Delete RGE CIRCLE	Agent	NS/CHANGES	Date				
n the Stati SIGNATU DFFICER Title: lame: kddress:	e of Florida. RE: Electro S AND DIRECT D (BRADY, GEOI 5360 NOBLE JACKSONVILL	nic Signature of Registered ACTORS:) Delete RGE CIRCLE LE, FL 32211) Delete	Agent ADDITION Title: Name: Address:	D (CAIN, DAVID PO BOX 1640	Date S TO OFFICERS AND DIR) Change () Addition X) Change () Addition				
n the Stati BIGNATU DFFICER Title: lame: ddress: Dity-St-Zip: Title: lame: ddress:	e of Florida. RE: Electro S AND DIREC D (BRADY, GEOI 5360 NOBLE JACKSONVILI PD (CAIN, DAVID I PO BOX 1640 JACKSONVILI D (LOVING, LEN	nic Signature of Registered ACTORS:) Delete RGE CIRCLE LE, FL 32211) Delete - 9 LE, FL 32245) Delete JR NORTH COURT	Agent ADDITIO Title: Name: Address: City-St-Zip: Title: Name: Address:	D (CAIN, DAVID PO BOX 1640 JACKSONVIL PD (LOVING, LEN 4619 HARBOI	Date S TO OFFICERS AND DIR) Change () Addition X) Change () Addition L D9 LE, FL 32245 X) Change () Addition				

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: FRANCIS L. LOVING PD 03/07/2008