2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 02, 2005 8:00 am Secretary of State

Daytime Phone #

1. Entity Nam	ie .	#749161 SSOCIATION, INC) .)	5-02-2005	90427 0	32 ******0.	1.23	
Principal Place of Business 145 PERUVIAN AVENUE PALM BEACH, FL 33480 US C/O LIST MANAGMENT 223 SUNSET AVE, #110 PALM BEACH, FL 33480 US						S				EN 8180 PIBN 618		
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03152005 Ch	ng-NP	CR2E0	37 (10/03)		
City & State		City & State				4. FEI Number Applied For 59-2052788 Not Applicab			•			
Zip	Zip Country		Zip	Zip Co.		ıntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Curren	t Registere	d Agent		Name	7. Name and Add	ress of New F	Registered	Agent		
LIST MANAGEMENT CO. 223 SUNSET AVENUE							Name Street Address (P.O. Box Number is Not Acceptable)					
SUITE 110 PALM BEA		33480										
: I						City			FL	Zip Cod	е	
	named entit ions of regist	y submits this statement f tered agent.	or the purp	ose of changing its	register	ed office or regist	ered agent, or both, in	the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and title if app	ticable. (NOTE	: Registere	d Agent signature requir	red when reinstating)		DATE		.	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.									
	_						\$5.00 May Be Added to Fees			k payable t		
10.	_		IRECTORS	Trust Fund C		ion. 🔲		Flor	rida Depar	rtment of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M D HOLLIS, I 145 PERI	flay 1, 2005 OFFICERS AND D	IRECTORS	Trust Fund C	11. TITUI	ion.	Added to Fees	Flor	rida Depar	rtment of S	tate	
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