2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT #754424** 04-16-2007 90059 034 ****70.00 FRIENDSHIP COMMUNITY AID, INC. Principal Place of Business Mailing Address 385 SOUTH BURNETT RD 385 SOUTH BURNETT RD COCOA, FL 32926 US COCOA, FL 32926 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 59-2597924 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCKNER, EDWARD REV. 385 S. BARNETT ROAD Street Address (P.O. Box Number is Not Acceptable) COCOA, FL 32926 City Zip Code 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 Signature, typed or printed name of registered agent and trile if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Detete TITLE ■ Addition ☐ Change BATTLE, IZEAL NAME NAME STREET ADORESS 325 S BURNETT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA, FL 32926 TITLE PΩ Delete ☐ Change ■ Addition BUCKNER, EDWARD NAME MAME 3703 BROPHY BLVD. STREET ADDRESS STREET ADDRESS P17-91-79 CITY-ST-7/P COCOA, FL 32926 SD Addition TIRE Delete TITLE ☐ Change BRAGGS, GUSSIE NAME 3811 KENNEDY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL CHTY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition BRITT, RUBY M NAME NAME STREET ADDRESS 3782 CATALINA DR. STREET ADDRESS CITY-ST-ZIP COCOA, FL CITY-ST-ZP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted 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 well-rall other like empowered.

Edward Buckmer President

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