2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

Daytime Phone #

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| DOCU 1. Entity Nam PARK SH CONDON | | | | | 90054 020 | | | | | |
| Principal Place of Business C/O ELLIOT MERRILL 835 20TH PL. VERO BEACH, FL 32960 US | | Mailing Address C/O ELLIOT MERRILL 835 20TH PL. VERO BEACH, FL 32960 US | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01172008 CI | hg-NP | CR2E037 | (12/06) | • | |
| City & State | | City & State | | | 4. FEI Number 59-218432 | 28 | | <u> </u> | oplied For ot Applicable | |
| Zip | Country | Zip | Country | - | 5. Certificate of St | atus Desired | | 8.75 Add ee Require | | |
| | 6. Name and Address of Current | Registered Agent | į. | | 7. Name and Add | ress of New | Registered Ag | ent | | |
| MERRILL, KAREN | | | Name | McKinnon, Charles W. | | | | | | |
| 835 20TH | | МТ | | Street Address (P.O. Box Number is Not Acceptable) 3055 (Cardy not Dr. St. 302 | | | | | | |
| VERO BEA | ACH, FL 32960 | | Citu | | | | | Zip Code | e | |
| | | | city ver | 7 3 | seach, | | FL | 133° | 163 | |
| | named antity submits this statement for tions of registered agent. | r the purpose of changing its re | egistered office o | r register | ed agent, or both, in | the State of F | lorida. I am fai | miliar with, | and-accept | |
| 35g | | | | | | | | o o | | |
| SIGNATURE . | Signature, typed or printed hame cylegistered agent a | and title if applicable. (NOTE: | Registered Agent signa | ture required | when reinstating) | ······ | J. No. | , | | |
| SIGNATURE . | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Camp Trust Fund Co | paign Financing | | \$5.00 May Be Added to Fees | I Flo | DATE Make check porida Departn | payable to nent of St | tate | |
| SIGNATURE | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF | 9. Election Camp Trust Fund Co | paign Financing | | \$5.00 May Be | I Flo | DATE Make check porida Departn | payable to nent of St | tate | |
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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 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, withfull other like empowered.

TEO HAME SIGNING OFFICER OR DIRECTOR

SIGNATURE: