## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 26, 2007 8:00 am Secretary of State

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DOCUI  1. Entity Nam BIG BRO COUNTY				03-26-2001	_					
Principal Place of Business 2112 CONGRESS AVE SOUTH SUITE 200 WEST PALM BEACH, FL 33406 US			Mailing Address 2112 CONGRESS AVE SO SUITE 200 WEST PALM BEACH, FL							
	tace of Busin	ness - No P.O. Box # ACH LAKES BLVE	3. Mailing Address	ACA LAKES	RIVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			00050007	Chg-NP	CR2E0	37 (12/06)		
City & State WEST PALM BEACH, FL		City & State WEST PAUN	BEACH, 1	4. FEI Number 59-207857		576		<u> </u>	plied For t Applicable	
Zip B 3	401	Country USA	3340/	Country V5A		5. Certificate of	Status Desired		\$8.75 Add	itional
	6.⁻Name	and Address of Current F	Registered Agent	<u> </u>		7. Name and A	ddress of New	Registered	Agent	
KALY, TEF				Name					-	
2708 RAVI PALM BEA	Street A	ddress (	P.O. Box Number	is Not Acceptab	·····					
				City					Zip Code	1
								FL	<u>-                                     </u>	· · · · · · · · · · · · · · · · · · ·
8. The above	named entitions of regist	y submits this statement for ered agent	the purpose of changing its r	egistered office o	r register	ed agent, or both,	in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE	e fire state	The State of the state of	•							
	Signature typed	or combed name of registered agent a		Registered Agent signs	ure required	when re-netation)		DATE	•	
28 1 5685		or printed name of registered agent a	and table if applicable. (NOTE:	Registered Agent signal		when reinstating)	h de [v] V hi	DATE	· • • • • • • • • • • • • • • • • • • •	
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96.15314 10.	्रिक्ट <sub>य</sub> ्दश् Filing Fe	e is \$61.25	9. Election Cam. Trust Fund Co.	paign Financing		\$5.00 May Be	1 - Flo	Máke chec Irida Depai	rtment of St	ate
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12. I hereby certify that the information supplied with this filing 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 receives 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, with all other like empowered.

SIGNATIEF.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NG OFFICER OR DIRECTOR