2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90273 029 ****61 25

1. Entity Nam	MENT # 757030 DECEMBER 10 SECTION MENT # 757030				01.23		
Principal Place of Business 1274 NE BUSINESS PARKER JENSEN BEACH, FL 34957 US Mailing Address P.O. BOX 65 JENSEN BEACH, FL 34958		58 US	1	4010472			
2. Principal P	Place of Business	3. Mailing Address	resternt Ha				
Suite, Apt.		Suite, Apt. #, etc.	6	02112005 C	hg-NP CR2E0	037 (10/03)	
City & Stat	luart Fl	City & State SHUART	A	4. FEI Number 59-213581	17	Applied For Not Applicable	
3499	Country	34994	Country	5. Certificate of St	tatus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	Al-	7. Name and Add	fress of New Registered	Agent	
ADVANTAGE PROPERTY MANAGEMENT				Add - (20.0 - N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
1274 NE BUSINESS PK. PLACE JENSEN BEACH, FL 34957			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			<i>J</i>	Surte 100			
			City	SUART	FL	- Zip Cod 994	
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.							
the congations of registered agent.							
SIGNATURE Signature: typeofor printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**							
		<u> </u>		required when reinstating)	-0416		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		ik payable to rtment of State	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees		RECTORS IN 10	
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12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE: Double D. Marquisette
SIGNATURE AND TYPIS ON PRINTED HAME OF BIGNAR OFFICER OR DIRECTOR

435/05 722-46/-5562 Daytone Phone # ATTACHMENT 14010472

MedINA, WILLIAM

Jagg S. LAKEVIEW CIRCLE # 8

Ft. PIELCE, Fl 34949