2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757621

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	5TH AVE RY, FL 32669			
urrent M	lailing Addres	s:	New Mailing Addres	ss:
	5TH AVENUE RY, FL 32669	US		
El Number	: 51-0205199	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
689 SE 5	HERESA A 5 STREET N, FL 32693	US		
689 SE 5 RENTON he above	5 STREET N, FL 32693		purpose of changing its registere	ed office or registered agent, or both,
689 SE 5 RENTON he above	5 STREET I, FL 32693 named entity selection of Florida. RE:	submits this statement for the		
689 SE 5 RENTON he above the State	5 STREET I, FL 32693 In named entity set of Florida. RE: Electron	submits this statement for the ic Signature of Registered Ag	ent	Date
689 SE 5 RENTON he above the State	5 STREET I, FL 32693 named entity selection of Florida. RE:	submits this statement for the ic Signature of Registered Ag	ent	
689 SE 5 RENTON he above the State	5 STREET N, FL 32693 named entity se of Florida. RE: Electron S AND DIREC	submits this statement for the ic Signature of Registered Agrons:	ent	Date
689 SE 5 RENTON he above the State IGNATUI FFICER: ttle: ame: ddress:	5 STREET N, FL 32693 e named entity see of Florida. RE: Electron S AND DIRECT D () PAUL BRYANT, P.O. BOX 954 TRENTON, FL	submits this statement for the ic Signature of Registered Agrons: Delete 32693 Delete DY AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS MOODY RΑ 01/18/2008