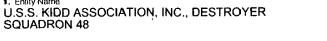
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #760771





FILED Jan 12, 2005 8:00 am Secretary of State

01-12-2005 90014 024 ****61.25

3909 SW 20TH PLACE CAPE CORAL, FL 33914-5563 US		3909	3909 SW 20TH PLACE CAPE CORAL, FL 33914-5563 US				40000727							
2. Principal Place of Business			3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01042005 Chg-NP CR2E037 (10/03)							
City & Stat	e	City & State				-	4. FEI Numi 36-254		3				applied For lot Applicable	
Zip	Country		Country			5. Certificat	le of St	atus Des	ired		\$8.75 Ac Fee Requir			
	6. Name and Address of Current	Registered	d Agent				7. Name an	d Ada	ress of t	New Reg	gistered	Agent		
MILLS, EDWARD R 3909 SW 20TH PLACE CAPE CORAL, FL 33914				Name										
			•			Street Address (P.O. Box Number is Not Acceptable)								
					City						FL	Zip Co	de	
8 The shores	named entity submits this statement to	or the nurse	se of changing its	enistera	d office o	t ronietore	od anont or be	oth is	the State	of Florin			and accord	
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. Lam familiar with, and accept the obligations of registered agent.														
_								•						
SIGNATURE .	·					_				•				
	Signature, reped or printed name of registered agent	and title if appli	cuble (NOTE:	Registered	Agent signa	ture required	when reinstating)				DATE			
	Filing Fee is \$61.25	Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			Make check payable to Florida Department of State					
	Due by May 1, 2005	_	Trust Fund Co	intributio	on.			s		Florid	a Depai	tment of S	State	
10.	Due by May:1, 2005 OFFICERS AND DI	RECTORS	Trust Fund Co	ntributio	on.				S TO O		<u> </u>			
10. TILE		RECTORS	Trust Fund Co				Added to Fee		S TO O		<u> </u>			
TITLE NAME	OFFICERS AND DI D SCHULTE, JOHN J	RECTORS		11. TRILE NAME			Added to Fee		S TO O		<u> </u>	RECTORS I	N 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DI D SCHULTE, JOHN J 3315 S 8TH AVE.	RECTORS		11. TRUE NAME STREE	ET ADDRESS		Added to Fee		ES TO O		<u> </u>	RECTORS I	N 10	
TITLE NAME	OFFICERS AND DI D SCHULTE, JOHN J 3315 S 8TH AVE. ANDERSON, IN 460124601	RECTORS	☐ Delete	11. TRUE NAME STREE			Added to Fee		ES TO O		<u> </u>	RECTORS I	N 10	
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE	OFFICERS AND DI D SCHULTE, JOHN J 3315 S 8TH AVE. ANDERSON, IN 460124601 PSTD	RECTORS		11. THE NAME STREE CITY-	ET ADDRESS ST-ZIP	STI	Added to Fee	HANGI			<u> </u>	RECTORS I	N 10	
TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME	OFFICERS AND DI D SCHULTE, JOHN J 3315 S 8TH AVE. ANDERSON, IN 460124601 PSTD MILLS, EDWARD	RECTORS	☐ Delete	11. TRILE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP	STI	Added to Fee	HANGI			<u> </u>	RECTORS to	N 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D SCHULTE, JOHN J 3315 S 8TH AVE. ANDERSON, IN 460124601 PSTD MILLS, EDWARD 3909 20TH PLACE CAPE CORAL, FL 339145563	RECTORS	□ Delete	11. TRILE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET AODRESS ST-ZIP	STI Mill 3909	Added to Fee	war	đ	FFICERS	S AND DI	Change	N 10 Addition	
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12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the receiver or Inustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGN	ATURE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward & Mils

239512 2842