2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

| 1. Entity Nam | MENT #761514 KE VILLAGE HOMEOWN | | | 04-11-2008 | • | | | | | | | |
|--|---|--|--|--|--|----------------------------------|---|------------------------------------|---|--|--|--|
| Principal Place 1514 CLEAR COCOA, FL 3 | LAKE RD., #157 | | Meiling Acktress 1514 CLEARLANE RD., #157 COCOA, FL 32922-6582 | | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Ma | | 3. Mailing Addres | Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, (| Suite, Apt. #, etc. | | 01072008 | Chg-NP | CR2E03 | 7 (12/06) | | | | |
| City & State | | City & State | | | 4. FEI Numbe 59-2661 | | | <u> </u> | pplied For at Applicable | | | |
| Zip | Country | Zip | Cox | untry | 5. Certificate of Status Desired Security Fee Required | | fitional | | | | | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and | Address of New | Registered A | gent | | | | |
| (14)49/15/5 | OCTIVI | | | Name | | | | | | | | |
| HAWKINS, BETTY L 1909 NORTH COCOA BOULEVARD COCOA, FL 32922 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | ************************************** | | | City | | | FL | Zip Code | е | | | |
| 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| | Signature, typed or printed name of registered age | ra and title if applicable. | (NOTE: Registere | ed Agent signature requi | red when reinstating) | | DATE | | | | | |
| | Sgnature, typed or printed name of registered age Filling Fee is \$61.25 Due by Mary 1, 2008 | 9. Elec | (NOTE: Registers tion Campaign F It Fund Contribut | Financing | \$5.00 May 8 Added to Fees | ₽ | DATE Make check orida Depart | | | | | |
| 10. | Filing Fee is \$61.25 | 9. Elec Trus | tion Campaign F | Financing tion. | \$5.00 May B Added to Fees | ₽ | Make check orida Depart | ment of St | tate | | | |
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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 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.

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SIGNATURE AND TYPED OR PRINTED MAKE OF BIGHING OFFICER OR DIRECTOR

Deytime Phone #

Date