2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761911

FILED Sep 07, 2005 Secretary of State

urrent P	Principal Place of Business:	New Principal Place of Business:
830 E CC ORLANDO	DLONIAL D, FL 32803 US	
urrent N	Mailing Address:	New Mailing Address:
830 E CC ORLANDO	DLONIAL D, FL 32803 US	
	r: 59-2153243 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation	
lame and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
DLSON, N	JANCY S	
830 E. C	ÖLÖNIAL DRIVE D, FL 32803 US	
830 E. CO RLANDO The above	OLONIAL DRIVE D, FL 32803 US	or the purpose of changing its registered office or registered agent, or both,
830 E. Co RLANDO he above the State	OLONIAL DRIVE D, FL 32803 US e named entity submits this statement for e of Florida.	or the purpose of changing its registered office or registered agent, or both,
830 E. Co PRLANDO the above the State	OLONIAL DRIVE D, FL 32803 US e named entity submits this statement for e of Florida.	
830 E. CO DRLANDO The above on the State BIGNATUI	OLONIAL DRIVE D, FL 32803 US e named entity submits this statement fo e of Florida. RE:	
830 E. CO RLANDO he above the State	OLONIAL DRIVE D, FL 32803 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registere	ed Agent Date
830 E. CO PRLANDO he above in the State IGNATUI PFFICER: tte: ame: ddress:	OLONIAL DRIVE D, FL 32803 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registers S AND DIRECTORS: PD () Delete OLSON, NANCY S 1830 ECOLONIAL DRIVE	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY S. OLSON PD 09/07/2005