## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#762615** 

FILED Aug 05, 2008 Secretary of State

urrent P	rincipal Place of Business:	New Principal Plac	e of Business:
	H AVENUE BCH., FL 33444		
urrent N	lailing Address:	New Mailing Addre	ess:
	H AVENUE BCH., FL 33444		
	: 05-0145900 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable() eceive the prior notice.	Certificate of Status Desired ( )
lame and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
VILSON,	MICHAEL		
	EDALE DR N BEACH, FL 33436 US		
OYNTON	EDALE DR	rpose of changing its registe	red office or registered agent, or both
OYNTON	EDALE DR N BEACH, FL 33436 US e named entity submits this statement for the pu e of Florida.	rpose of changing its registe	red office or registered agent, or both
OYNTON The above In the State	EDALE DR N BEACH, FL 33436 US e named entity submits this statement for the pu e of Florida.		red office or registered agent, or both Date
OYNTON The above In the State	EDALE DR N BEACH, FL 33436 US e named entity submits this statement for the pu e of Florida.  RE:	t	
OYNTON The above In the State	EDALE DR N BEACH, FL 33436 US e named entity submits this statement for the pure of Florida.  RE:  Electronic Signature of Registered Agen	t	Date
OYNTON  he above the State  GNATUE  PFFICER  tte: ame: ddress:	EDALE DR N BEACH, FL 33436 US  e named entity submits this statement for the pure of Florida.  RE: Electronic Signature of Registered Agen  S AND DIRECTORS:  D () Delete LEWID, JEWEL LEE 2257 NW 27TH ST	t  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO

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: LINDA BOONE TD 08/05/2008