


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764078</b> 1. Entity Name NORTH SIDE ALLAN LANE, INC.	
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Principal Place of Business P O BOX 510054 PO BOX 54 MELBOURNE BEACH FL 32951-054 US	Mailing Address 180 ALLAN LANE PO BOX 54 MELBOURNE BEACH FL 32951 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  LINDE, AUDREY 180 ALLAN LANE MELBOURNE BEACH FL 32951	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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4. FEI Number <b>59-2221563</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T LINDE, AUDREY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	180 ALLAN LN	NAME	00000925456
STREET ADDRESS	MELBOURNE BEACH FL	STREET ADDRESS	05/20/08-80028-002 61.25
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	P DRAPER, DONALD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	140 ALLAN LANE	NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	D CLARK, WAYNE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	260 ALLAN LANE	NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	S PAZDERAK, SONA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	160 ALLAN LANE	NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	D PERRY, CHRIS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 ALLAN LANE	NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	D TRAFALIS, HARRY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	310 ALLAN LANE	NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:** Audrey M. Linde **AUDREY M. LINDE** 4-25-08 (321) 727-7236