

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90048 038 \*\*\*\*61.25

40052637



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2313139

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BAILEY, WILLIAM  
9326 PALM HAVEN CT  
NEW PORT RICHEY, FL 34655

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *William J. Bailey*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APR 13-07  
DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LAMARCH, LEO	
STREET ADDRESS	1300 N KELLOGG DR, STE B	
CITY-ST-ZIP	ANAHEIM, CA 92807	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACKSON, ROBERT	
STREET ADDRESS	1300 KELLOGG DRIVE, SUITE B	
CITY-ST-ZIP	ANAHEIM, CA 92807	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIALS, CAROLIN	
STREET ADDRESS	1300 N KELLOGG DR, STE B	
CITY-ST-ZIP	ANAHEIM, CA 92807	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLI, JOHN	
STREET ADDRESS	1300 N KELLOGG DR, STE B	
CITY-ST-ZIP	ANAHEIM, CA 92807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula DiPaola	
STREET ADDRESS	1300 N.Kellogg Dr. Ste B	
CITY-ST-ZIP	Anaheim, CA 92807	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Dixon	
STREET ADDRESS	1300 N.Kellogg Dr. Ste B	
CITY-ST-ZIP	Anaheim, CA 92807	

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.

SIGNATURE: *William J. Bailey* WILLIAM J. BAILEY 4-3-07 727 492-0162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #