2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State 03-10-2008 90064 018 ****61.25

Pincipal Place of Business Mailing Address 22 BILL ALLEN (IRCLE
Sulite, Apri. 9, etc. Sulite, Apri. 9, etc. City & State Country Zp Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Re
City & State Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8
City & State Country Country S. Certificate of Status Desired Senguired Regulated Perspective Regulatered Agent T. Name and Address of Name Regulatered Agent ROBINSON-ALVIN Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE To Debt
Sp. 2350690 Not Applicable
S. Certificate of status bearies Fee Required
ROBINSON—AL-VIN 222 BILL ALLEN CIRCLE SEBASTIAN, FL 32958 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 Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Address (P.O. Box Number is Not Acceptable) DATE Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VP COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VP ROBINSON, ALVIN SIREET ADDRESS SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Delete TITLE D Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Delete TITLE NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS SEBASTIAN, FL 32958 CITY-SI-ZIP Change Addition NAME SIREET ADDRESS CITY-SI-ZIP CHANGE SIR
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Filting Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VP ROBINSON, ALVIN SIRET ADDRESS CITY-SI-2P SEBASTIAN, FL 32958 CITY-SI-2P Change Addition NAME SKCVE, MARYELLEN SEBASTIAN, FL 32958 CITY-SI-2P Change Addition NAME SKCVE, MARYELLEN SEBASTIAN, FL 32958 CITY-SI-2P TITLE T Change Addition NAME SKCVER, MARYELLEN SEBASTIAN, FL 32958 CITY-SI-2P Change Addition NAME SKCVER, MARYELLEN STREET ADDRESS CITY-SI-2P Change Addition NAME SKCVER, MARYELLEN SKEATIAN, FL 32958
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, hyper or printed name of registered agent and the # applicable. (NOTE Registered Agent segreture required when remission) DATE
THE D Delete SLASTIAN, FL 32958 CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP Change Delete TITLE SEBASTIAN, FL 32958 CITY-ST-ZIP CHANGES SINCET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP CHANGE
SIGNATURE Signature. Typed or printed return of ingistrated agent and into if applicable. (NOTE Registered Agent signature required when revesaling) Charles
Due by May 1, 2008 Trust Fund Contribution.
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NAME GRIFFITH, W.
STREET ADDRESS 10305 US HWY 1 STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP
TITLE P Delete TITLE Change Addition
NAME CHUHALOFF, RISTIE NAME
STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP SEBASTIAN, FL 32958

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 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: Jac

SIGNATORE AND TYPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

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