## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCLIMENT # 769772

## FILED Feb 24, 2006 8:00 am Secretary of State

02-24-2006 90012 018 \*\*\*\*61.25

ne	OWNERS						
2106 NW 13TH ST 2106 N		NW 13TH ST		<b>400</b>	11000		
Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		01242006	Chg-NP	CR2E037 (11	(05)
te	City & State			4. FEI Number 59-2970	664		Applied For Not Applicable
Country	Zip	Country		5. Certificate of	f Status Desired		5 Additional aquired
6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent	
DICHARD		Na	ame				
ROGERS, RICHARD 2106 NW 13TH STREET		St	eet Address (P.O. Box Number is Not Accentable)				
ILLE, FL 32609							
1		Ci	ity `	······································		FI Zi	Code
named entity submits this statement for	the numose of chancing its	registered of	fice or registe	red egent or both	in the State of F	1	with and accept
tions of registered agent.			net ti region		,		www, care decept
•							
Signature, typed or printed name of registered agent a	and title of applicable [NOTE	E Registered Agen	nt signature require	d when reinstating)		DATE	
Signature, typed or printed name of registered agent a							
	9. Election Can Trust Fund C	npeign Finan		\$5.00 May Be Added to Fees		DATE Make check pays rida Department	
Signature, typed or printed name of registered agent at Filling Fee is \$61.25  Due by May 1, 2006	9. Election Can Trust Fund C	npeign Financ Contribution.	cing	\$5.00 May Be Added to Fees	, Flo	Make check pays rida Department	of State
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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 eath; 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 accuracy with all other like empowered.

SIGNATURE:

ESCHATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

2/22/06 352-376-4581

Daytme Phone #