2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 8:00 am Secretary of State

| 1. Entity Nam YARMOU | MENT # 770380 THAT CENTURY VILLAGI TION, INC. | | S Deliv | 2-13-200 | 8 90029 017 ** | ***61.25 | 5 | | |
|---|--|--|---|--------------------------------|-------------------------------------|---|--------------------------|------------------------------|--|
| Principal Place | e at Business | | | - · | | - | | | |
| YARMOUTH D 3073 % F | | % PRIME | · • · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 | | | | | | |
| | | DOG(1011011, 12 05 10) | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. | | 3. Mailing Address | . Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02062008 Ct | ıg-NP | CR2E037 (12/ | 06) | | |
| City & State | | City & State | | 4. FEI Number 59-253986 | 9 | | Applied Not App | | |
| Zip | Country | Zip | Country | 5. Certificate of St. | atus Desired | ☐ \$8.75 Fee Re | Additional quired | l | |
| | 6. Name and Address of Current | Registered Agent | News | 7. Name and Add | ress of New | Registered Agent | | | |
| MANNING, MARVIN | | | Name | | | | | | |
| 3073 YARMOUTH E BOCA RATON, FL 33434 | | | Street Address (| | (P.O. Box Number is Not Acceptable) | | | | |
| | , | | | | | | | | |
| | | | City | | | FL Zip | Code | | |
| | named entity submits this statement to ions of registered agent. | or the purpose of changing its req | gistered office or regist | tered agent, or both, in | the State of I | Florida. I am familiar | with, and a | ccept | |
| | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | egislered Agent signature requi | ired when reinstating) | | DATE | | - | |
| SIGNATURE . | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 | 9. Election Campa Trust Fund Con | aign Financing | \$5.00 May Be Added to Fees | | DATE Make check paya orida Department | | _ | |
| SIGNATURE . | Filing Fee is \$61.25 | 9. Election Campa Trust Fund Con | aign Financing | \$5.00 May Be | Flo | Make check paya orida Department | of State | | |
| . 10. | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI | 9. Election Campa Trust Fund Con | aign Financing atribution. | \$5.00 May Be Added to Fees | Flo | Make check paya orida Department | of State | Addition | |
| 10. TITLE NAME | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI P MANNING, MARVIN | 9. Election Campa Trust Fund Con | aign Financing atribution. 11. THILE NAME | \$5.00 May Be Added to Fees | Flo | Make check paya orida Department CERS AND DIRECTO | of State | Addition | |
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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 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: AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

361-826-1684 61208