2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # C10370** 1. Entity Name



FILED Mar 07, 2006 8:00 am Secretary of State

03-07-2006 90005 013 ****61.25

Pincipal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apr. F. etc. 3. Mailing Address 3. Suite, Apr. F. etc. 4. Fill Number and Address of New Registered Agent 3. Suite, Apr. F. etc. 3. Suite,	MASONS MASONS									
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State		City & State		-		8	⊢		
Name and Address of Current Registered Agent Name Na	Zip	Country	Zip	Country		5. Certificate of St	atus Desired			
Street Address (P.O. Box Number is Not Acceptable) 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 Fonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUBMATURE SUBMATURE Distance, board to printed own of registered sport and title districtable. PUTE Telegration Apert signature resulted from own own own of the factorization. PUTE Telegration Apert signature resulted from own	6. Name and Address of Current Reg		gistered Agent	ered Agent		· · · · · · · · · · · · · · · · · · ·				
SIGNATURE City FL Zip Code	NOID DOUGE			Name						
E. 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, howed or prince nerve of impatered agent and like if applicable. NOTE: Registered Agent signature required when resourcept)	2912 EDE	NWOOD ST		Street Address (P.			P.O. Box Number is Not Acceptable)			
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syndams, hybord or printed nerve of registered agent agent and title if applicable. (NOTE Registered Agent agentals required when remissions) DATE	OLD WWW.LK, 12 VOTOS									
SIGNATURE Signature Trust Fund control agent and the f applicable. (NOTE Registered Agent separate required when mentating) DATE				City				FL Zip Co	de	
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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								 	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 of 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 attact meny with an address, with all other like empowered.