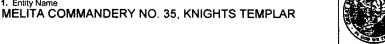
2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # C93000000022





FILED

Secretary of State

03-07-2007 90005 022 ****70.00

Mar 07, 2007 8:00 am

Principal Place of Business J. DEWEY HAWKINS LODGE 555 NE 42 COURT

Mailing Address WILLIAM D. SPIKER 1546 N.E. 17TH WAY

2. Principal Pace of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Q022207 Chg.NiP CR2E037 (12/06) Suite, Apt. #, etc. Suite Apt. #, etc. Q022207 Chg.NiP CR2E037 (12/06) Zip County Zip County S. Certificate of Satus Desired S8.75 Additional For Requirement of Saturation S7.75 Additional For Requirement S7.75 Additio	UNALAMU PARA, FL 33334 FI LAUDERDALE, FL 33304-1335				1 (60)31: 114 (61		2 07 20 111 20 711 20 11 0 11 0 110		
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Second Second Second Second Second Second	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)		
S. Cerrificate of Status Desired	City & State		City & State	City & State		46	<u>-</u>	`	
SPIKER, WILLIAM D 1546 N.E. 17TH WAY FT. LAUDERDALE, FL 33304 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of	Status Desired			
SPIKER, WILLIAM D 1546 N.E. 17TH WAY FT. LAUDERDALE, FL 33304 Streat 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 agent are title if applicable. SIGNATURE SUMMAN, Upod a preservation of imposited agent and title if applicable. Filling Fee is \$61.25 Duby May 1, 2007 Prost Fund Contribution. This Added to Fee Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33308 TITLE D Defide TITLE NAME STREET ADDRESS STREET A	8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) City 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, typeed or preservine of important agent and site if repotable. (NOTE: Registered Agent agents reposed when remaining) DATE Filling Fee is \$81.25 9. Election Cempalign Financing \$5.00 May Be Addid to Fees Note Bepartment of State				Name	Name				
ETIL LAUDERDALE, FL 33304 City FL Zip Code	•			Street Address (P.O. Box Number is Not Assessable)					
B. 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 Signatu				Street Address (F.O. DOX NOTTIGE IS NOT ACCOPIABLE)					
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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 empsymered 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:

954-235-7185