2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90044 013 ****61.25

1. Entity Nam	MENT # F0200000					04-	-17-2007 90	0044 01	3 ****61.	25
			dress Istitution avenue NW Ton, DC 20418							
2. Principal P	face of Business - No P.O. Box #	3. Mailing A			M II		11 11 11 11			ENDI EL IERI
Suite, Apt.	#, etc.		<u>ifth St</u> pt.#,etc. 5	reet	, N.W.	02162007 _C	hg-NP	CR2E0	37 (12/06)	
City & State	9	City & S	tate			4. FEI Number			— — —	oplied For
Zip	Country	Washi	ngton,	DC Cou	ente.	53-019693	32			ot Applicable
Zip	Country	20001		USA		5. Certificate of Si	tatus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Ag	ent			7. Name and Ado	iress of New R	egistered	Agent	
CT CORPO	DRATION SYSTEM				Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	e
8. The above	named entity submits this statement	for the purpose o	f changing its	registere	ed office or regis	tered agent or both in	the State of Fir		- [amiliar with	and accept
	ions of registered agent.	. To: the purpose o	. Changing Ka	rogisto.	od omoo or rogio	torod again, or bott, in		J. 1001 7 0117	Tarimai Titiri	ина ассор.
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if apolicable	(NOTE	Panetara	d Agent signature requi	and when several alone)		DATE		
Filing Fee is \$61.25 9. Election Camp			(110.2	. Hoyatalala	n when the artificial sector	red when remstating)		BINIE		
			. Election Carr	npaign F	inancing	\$5.00 May Be Added to Fees		lake chec	k payable t	
10.	Due by May 1, 2007	9.	. Election Carr	npaign F Contributi	inancing	\$5.00 May Be Added to Fees	Flor	lake chec ida Depa	rtment of S	tate
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wide also on this report of suppertental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or Justee 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:

llen SIGNATURE AND TYPED OR INTED NAME OF SIGNING OFFICER OR DIRECTOR FEB 26 2007 202 334-2101

Daytime Phone #