2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004200

Entity Name: CULTURAL LEGACY, INCORPORATED

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6733 IDLEWILD ST FORT MYERS, FL 33912 FORT MYERS, FL 33966

Current Mailing Address: New Mailing Address:

6733 IDLEWILD ST FORT MYERS, FL 33912 FORT MYERS, FL 33966

FEI Number: 95-3094677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARIAS, MARIA ELENA
6733 IDLEWILD STREET
FORT MYERS, FL 33912 US
ARIAS, MARIA ELENA
6733 IDLEWILD STREET
FORT MYERS, FL 33966 US

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.

SIGNATURE: MARIA ELENA ARIAS 02/21/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CP () Delete Title: CP (X) Change () Addition

 Name:
 ARIAS, RAMON
 Name:
 ARIAS, RAMON

 Address:
 6733 IDLEWILD STREET
 Address:
 6733 IDLEWILD STREET

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33966

Title: VCVP () Delete Title: VCVP (X) Change () Addition

 Name:
 ARIAS, MARIA ELENA
 Name:
 ARIAS, MARIA ELENA

 Address:
 6733 IDLEWILD STREET
 Address:
 6733 IDLEWILD STREET

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33966

 $\label{eq:title:ST} \textit{Title:} \qquad \textit{ST} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{ST} \qquad \textit{(X)} \; \textit{Change} \; \textit{()} \; \textit{Addition}$

 Name:
 ARIAS, MARIA ELENA
 Name:
 ARIAS, MARIA ELENA

 Address:
 6733 IDLEWILD STREET
 Address:
 6733 IDLEWILD STREET

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA ELENA ARIAS VP 02/21/2007