## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

1. Entity Narr	MENT # N0000000	04-07-2008 90045 021 ****61.25				
Principal Place of Business 1 MARINA DR. WINTER HAVEN, FL 33881		Mailing Address PO BOX 223 LAKE ALFRED, FL 33885-0223				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Q. O. TR.		3. Mailing Address P. O. Box 3	572			
Suite, Apt. #, etc.		Suite, Apt. #, etc. WINTER HAVEN & FL		02052008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number Applied For 59-3649606 Not Applicable		
Zip _	Country	33885-3572	Country - ·	5. Certificate of Status Desired		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent		
BUREAU,	MARCEL		$\triangle$	DNACD WILLIAMS		
	NVIEW DRIVE HAVEN, FL 33881		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City, L. I	TSO HALISH FL ZIPCODESCI		
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.  SIGNATURE  Signature, hyped or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating)  DATE						
	Signature, typed or printed name of regulatived age	nt and title if applicable. (NOTE: Ri	egullered Agent ligisature rec	used when reinstating) ( DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees  ### Added to Fees		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Make check payable to		
TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Campa Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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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: Rena Chambers Rena Chambers	4/02/08	863-401-9134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #