## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002832

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	. CONCH BAF A, FL 33469	RAVE. US		
Current Mailing Address:		New Mailing Address:		
	. CONCH BAF A, FL 33469	RAVE. US		
El Number:	65-1041678	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
00550				
7441 S.E.	WILLIAM F JF . CONCH BAF A, FL 33469			
7441 S.E. EQUEST he above	. CONCH BAF A, FL 33469	RAVE. US	purpose of changing its registere	ed office or registered agent, or both,
7441 S.E. EQUEST he above i the State	CONCH BAFA, FL 33469  named entity of Florida.  RE:	R AVE. US submits this statement for the		
7441 S.E. EQUEST he above i the State	CONCH BAFA, FL 33469  named entity of Florida.  RE:  Electroi	R AVE. US submits this statement for the	gent	Date
7441 S.E. EQUEST he above i the State	CONCH BAFA, FL 33469  named entity of Florida.  RE:	R AVE. US submits this statement for the	gent	
7441 S.E. EQUEST he above the State	. CONCH BAFA, FL 33469  named entity e of Florida.  RE: Electron  B AND DIRECTOR  ROGERS, WIL	R AVE. US submits this statement for the nic Signature of Registered Ac TORS: ) Delete LIAM F JR NCH BAR AVE.	gent	Date
7441 S.E. EQUEST The above the State GNATUF FFICERS The: The the control of the state of the sta	. CONCH BAFA, FL 33469  named entity of Florida.  RE:  Electroi  S AND DIRECT  D (  ROGERS, WILL  17441 S.E. COTEQUESTA, FL  D (  ROGERS, PAL	R AVE. US submits this statement for the nic Signature of Registered Age TORS: ) Delete LIAM F JR NCH BAR AVE. 2 33469 ) Delete ILA T NCH BAR AVE.	gent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM F ROGERS D 04/23/2009