2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000004784



FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90059 031 ****70.00

Applied Fer. Throughal Place of Blustness - No. P.O. Box # 3. Mailing Address - State Subject Tip DOOA, Ft. 32926 2. Principal Place of Blustness - No. P.O. Box # 3. Mailing Address - State - Stat	FRIENDSHIP VILLA'S MANAGEMENT & CONSULTING CORPORATION) 	-10-2007 9	0039 031	70.	00
Suite, Apt. 8, etc. Suite, Apt. 8, etc. City & State Ci	385 S BURNETT RD 385 S BURNET			RNETT RD						
City & State Country Country S. Certificate of Status Desired S. Sertificate of Status Desired Sertificate of Status D	2. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address	ailing Address						
Space Spac	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04102007 _C	hg-NP	CR2E03	7 (12/06)	
Country Zip Country St. Certificate of Status Desired St. St. 75 Additional Fee Regulations	City & State		City & State				33			
BUCKNER, ELDER EDWARD 385 S BURNETT RD COCOA, FL 32826 B. 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 obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE DIVER PROBLEM TO STATE FUND CONTROL OF TRUST FUND	Zip	Country	Zip	Coun	ntry	5. Certificate of S	tatus Desired		8.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current R	egistered Agent	T		7. Name and Add	tress of New F	Registered A	gent	
SIGNATURE Description of registered agent. Size Address (P.O. Box Number is Not Acceptable)	PLICKNEE	FIREFERINARD			Name					
E. 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 tregistered agent. Signature Supmires Apert agents Supmires Apert agents Approximate Apert agents Approximate	385 S BURNETT RD				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity automits 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 Signature Signa				Ī	City	· · · · · · · · · · · · · · · · · · ·		FĻ	Zip Code	9
Symbol to primed regret and state of exposed agent and state of exposed in the control of the			the purpose of changing its re	egistered	d office or register	red agent, or both, in	the State of Fk	orida. Iam fa	arniliar with,	and accept
Symbol to primed regret and state of exposed agent and state of exposed in the control of the										
Filling Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 BUCKNER, ELDER EDWARD STRET ADDRESS CITY-ST-2P 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 BUCKNER, ELDER EDWARD STRET ADDRESS CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition AMME BATTLE, IZEAL STRET ADDRESS CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 COCOA, FL 32926 CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 COCOA, FL 32926 CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CHANGE STRET ADDRESS CITY-ST-2P COCOA, FL 32926 CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CHANGE STRET ADDRESS CITY-ST-2P 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO OFFICE ADDITIONS TO OFFICERS AND DIRECTORS TO OFFICE ADDITIONS CITY-ST-2P CHANGES TO OFFICE ADDITIONS TO OFFICE ADDITI	SIGNATURE	Signature, typed or proced name of recustered agent an	distinuf applicable. (NOTE:	Recustered	Agent moneture required	S when rematating)		DATE		
Trust Fund Contribution. Actical to Fees										
TITLE DP BUCKNER, ELDER EDWARD Delete NAME STREET ADDRESS CITY-ST-2P TITLE DV Delete NAME STREET ADDRESS CITY-ST-2P TITLE DV DELETE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TIT					· -					
NAME STREET ADDRESS CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP OCOCOA, FL 32928 CITY-ST-ZIP OCOCOA, FL 32928 CITY-ST-ZIP NAME BATTLE, IZEAL STREET ADDRESS CITY-ST-ZIP OCOCOA, FL 32926 C	 -			11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS IN	10
STREET ADDRESS CITY-ST-ZP COCCOA, FL 32928 TITLE DV Delete BATTLE, IZEAL STREET ADDRESS CITY-ST-ZP COCCOA, FL 32926 TITLE DRAWE BRAGGS, GUSSIE STREET ADDRESS CITY-ST-ZP COCCOA, FL 32928 TITLE DST STREET ADDRESS CITY-ST-ZP COCCOA, FL 32928 TITLE BRATTL, RUBY STREET ADDRESS CITY-ST-ZP COCCOA, FL 32926 TITLE DST STREET ADDRESS CITY-ST-ZP COCCOA, FL 32926 TITLE DST STREET ADDRESS CITY-ST-ZP COCCOA, FL 32926 TITLE DST STREET ADDRESS CITY-ST-ZP COCCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADD		1 = -	☐ Delete		1				☐ Change	Addition
CITY-ST-ZP COCOA, FL 32926 TITLE DV Delete BATTLE, IZEAL STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 TITLE NAME BRAGGS, GUSSIE STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 TITLE NAME BRAGGS, GUSSIE STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 TITLE NAME BRAGGS, GUSSIE STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 CITY-ST-ZP TITLE DST BRITT, RUBY STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME S										
NAME STREET ADDRESS CITY-ST-2P COCOA, FL 32926 CITY-ST-2P COCOA, FL 32926 CITY-ST-2P TITLE DRAME BRAGGS, GUSSIE STREET ADDRESS CITY-ST-2P COCOA, FL 32926 CITY-ST-2P COCOA, FL 32926 CITY-ST-2P TITLE DST STREET ADDRESS CITY-ST-2P TITLE DST STREET ADDRESS CITY-ST-2P COCOA, FL 32926 CITY-ST-2P TITLE DST STREET ADDRESS CITY-ST-2P COCOA, FL 32926 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P COCOA, FL 32926 CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRES										
STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE D BRAGGS, GUSSIE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE DST Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DST DELete STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE DST DELete STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE DELete STREET ADDRESS CITY-ST-ZIP TITLE NAME S	TITLE	DV	Delete	TITLE					☐ Change	Addition
CITY-ST-ZIP COCOA, FL 32926 TITLE NAME BRAGGS, GUSSIE SIRET ADORESS CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP COCOA, FL 32928 CITY-ST-ZIP TITLE NAME SIRET ADORESS CITY-ST-ZIP										
TITLE NAME BRAGGS, GUSSIE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Deterte TITLE STREET ADDRESS CITY-ST-ZIP STREET A)								
NAME STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP DST BRITT, RUBY 385 S BURNETT RD COCOA, FL 32926 TITLE BRITT, RUBY 385 S BURNETT RD COCOA, FL 32926 TITLE COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET		· · · · · · · · · · · · · · · · · · ·			51- ar				Chones	[] Addition
STREET ADDRESS CITY-ST-ZIP TITLE DST BRITT, RUBY STREET ADDRESS CITY-ST-ZIP TITLE COCOA, FL 32926 TITLE BRITT, RUBY STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			L_J Delete							L_I AUGIDON
TITLE DST SHETT ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		1			1					
NAME STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	CITY-ST-ZIP	COCOA, FL 32926		CITY-S	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	TITLE		Defete						☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TABLE ST					1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information			☐ Delete	-					☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information										
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information										
NAME STREET ADDRESS CITY-ST-ZIP 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				-	ST-ZP					
STREET ADDRESS CITY-ST-ZIP 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			☐ Delete						☐ Change	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information										
12. Thereby certify that the information supplied with this filling 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 nath; that I am an officer or director										
	12. I hereby	certify that the information supplied with t	his filing does not qualify for	the exen	nptions contained	in Chapter 119, Flo same legal effect as	rida Statutes. I	further certifoath; that I a	y that the in	formation or director

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with all other like empowered. Edward Buckner

SIGNATURE:

President 4/13/07 (321) 631-6980