2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N00000005		i i	04-06-2006 90003 043 ****70.00				
4820 PARK BLVD 482		Mailing Address 4820 PARK BLVD PINELLAS PARK, FL 337	81	1 (200) 1 (4 02) (4	*1/(1	DIN BON GOIST GILD DIN		
2. Principal P	Place of Business	3. Mailing Address				112.77		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292006 · Ch	g-NP	CR2E037 (1	1/05)	
City & State		City & State		4. FEI Number 59-366647	0			pplied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.7 Fee F	5 Add tequired	litional d
	6. Name and Address of Current R	legistered Agent		7. Name and Add	ess of New	Registered Agent		
O'CONNO	R, PATRICK M		Name					
2240-RFI-I	r, patrick m -Fair Rd, ste 100 / 250 S Ver, fl. 6378 4 <i>La R</i> 90 /	BELCHER TE FL 33771	Street Address	s (P.O. Box Number is N	lot Acceptal	ole)		
			City			FL z	ip Code	е
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regis	tered agent, or both, in	the State of I	lorida. I am familia	ar with,	and accept
SIGNATURE .								
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature requi	ired when rainstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent at FIIIng Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE Make check payorida Departmen		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	Make check pay orida Departmen	t of St	tate
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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. Brian T. O'Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR