2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N0000000 CORPORATE PARK MAST			03-	-03-2008 9	90183 002 ****6	1.25	
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073 US		Mailing Address 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		2		114 1140 4 4 5 5 5 5 5		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008 Chg	-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 03-0445901			pplied For	
Zip	Country	Zip	Country	5. Certificate of Statu	us Desired	\$8.75 Ad	ditional	
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Addre	ss of New Re	•		
RUTTERS	MALCOLM		Name	· · · · ·		-		
BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	e named entity submits this statement factions of registered agent.	for the purpose of changing its	s registered office or regis	stered agent, or both, in the	e State of Flo	rida. I am familiar with,	and accept	
CICALATURE								
SIGNATURE	Signature, typed or printed name of registered agen	nt and title it applicable. (NO	TE: Registered Agent signature requi	ired when reinstating)		DATE		
SIGNATURE	Filing Fee is \$61.25	9. Election Ca	TE: Registered Agrint signature requi impaign Financing Contribution.			DATE ake check payable to da Department of S		
10.		9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Flori	ake check payable t da Department of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Ca Trust Fund	mpaign Financing Contribution.		Flori	ake check payable t da Department of S	tate	
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12. I hereby certify that the information supplied with this filing toes 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 empodered 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 application.

SIGNATURE:

GNATURE AND TYPED OF PROPERTY OF SIGNING OFFICER OR DIRECTOR

2-19.08 954-3122400