2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired	1. Entity Nan LAKESID	MENT # N00000000		02-25-2008 90035 013 ****61.25				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1042008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number	4131 GUNN HIGHWAY 4		4131 GUNN HIGHWAY	4131 GUNN HIGHWAY		1 2 01 15 00 11 00 11 00	Com odna emaliana svet ist	3181 86 1881
City & State Country Country Country Country S. Certificate of Status Desired - S8.75 Agditional Fee Required Fee Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 act the obligations of registered agent. SignATURE SignATURE Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to	2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Zip Country Zip Country S. 59-3692108 Not Application Not	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Cr	ng-NP	CR2E037 (12/06)	
Zip Country Zip Country 5. Certificate of Status Desired	City & State		City & State			8		plied For t Applicable
BRUDAY & RABIN, P.A. MICHAEL J. NUDAY 200 AVE NORTH SUITE A OLDSMAR, FL 34677 City FL Zip Code 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 act the obligations of registered agent and tife if applicable. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME ROSS, ANN SIREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 NAME SIREET ADDRESS S171 HEARDS FERRY DR CITY-ST-ZIP TAMPA, FL 33618 NAME Detele TITLE NAME PEARSON, MIKE SIREET ADDRESS STOP HEARDS FERRY DR CITY-ST-ZIP TAMPA, FL 33618 NAME Detele TITLE NAME PEARSON, MIKE SIREET ADDRESS SIREET ADDRESS STOP HEARDS FERRY DR CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TAMPA, FL 33618 NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS STOP HEARDS FERRY DR CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TAMPA, FL 33618	Zip –	Country	Zip	Country	5. Certificate of St	atus Desired -		<u></u>
BRUDAY & RABIN, P.A. MICHAEL J. NUDAY 200 AVE NORTH SUITE A OLDSMAR, FL 34677 City City FL Zip Code 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 ac the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2008 PILING FOR INTERPRETATION TO STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE NAME ROSS, ANN STREET ADDRESS CITY-ST-2P TAMPA, FL 33618 TITLE TITLE TD Detate TITLE TD Detate TITLE TD Detate TITLE NAME STREET ADDRESS STRET AD		6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Ro	gistered Agent	
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 act the obligations of registered agent. SIGNATURE Signature S	200 AVE I SUITE A	NORTH		Name				
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 act the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		•		City			FL Zip Code	3 ,
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VPD ROSS, ANN STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33618 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33618 Trust Fund Contribution. Added to Fees Florida Department of State Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33618 Trust Fund Contribution. Added to Fees Florida Department of State Florida Department of State Florida Department of State Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DT TITLE NAME STREET ADDRESS CITY-S1-ZIP TAMPA, FL 33618 TRUE FUND CHANGES Florida Department of State Florida Teleps Added to Fees Florida Department of State Florida Department of State Florida Department of State Florida Teleps Florida Department of State Florida Teleps Flor	the obliga	tions of registered agent Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signature requir	red when reinstating)		DATE	
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TITLE 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 discard on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discard on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discard on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discard on this report or supplied with this filing does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discard on this report or supplied with this filing does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discard on this report or supplied with this filing does not qualify to the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discard on this report or supplied with this filing does not qualify the supplied with	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	TAMPA, FL 33618 D TAYLOR, DAVID 3503 HEARDS FERRY DR	X Delete	TITLE NAME STREET ADDRESS	Deborah Damedion 3427 Heards Ferry		☐ Change	Addition

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:

SIGNATURE AND TYPED OF PRINTED MAKE OF RIGHTING OFFICER OF DIRECTO

02/12/08

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