2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007836

FILED May 11, 2006 Secretary of State

Entity Name: OLDE FAU GALLIE RIVERERONT INC

Current Principal Place of Business:		New Princip	New Principal Place of Business:	
PO BOX : MELBOU	360564 RNE, FL 32936			
Current I	Mailing Address:	New Mailing	g Address:	
P.O. BOX 360561 MELBOURNE, FL 32936			P.O. BOX 360564 MELBOURNE, FL 32936	
n accorda	r: 59-3749868	•	able () Certificate of Status Desired (X)	
220 GRAI SATELLIT The abov	FE BEACH, FL 32937 US e named entity submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
n the Sta	te of Florida.			
SIGNATL		uent		
	Electronic Signature of Registered Ac		Date /CHANGES TO OFFICERS AND DIRECTOR	
	Electronic Signature of Registered Ages AND DIRECTORS: PD () Delete ALEXANDER, GEORGE 1496 ALBERT DR.		Date /CHANGES TO OFFICERS AND DIRECTOR () Change () Addition	
OFFICER Fitle: Name: Address:	Electronic Signature of Registered Acts AND DIRECTORS: PD () Delete ALEXANDER, GEORGE 1496 ALBERT DR. MELBOURNE, FL 32935 VD () Delete SMITH, CHARLES 1467 GUANA AVE.	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTOR	
OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic Signature of Registered Ages AND DIRECTORS: PD () Delete ALEXANDER, GEORGE 1496 ALBERT DR. MELBOURNE, FL 32935 VD () Delete SMITH, CHARLES 1467 GUANA AVE. MELBOURNE, FL 32935 SD () Delete APELGREN, SCOTT 1428 HIGHLAND	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition //D (X) Change () Addition SMITH, CHARLES 1467 GUAVA AVE.	
DFFICER Fitle: Name: Address: City-St-Zip: Name: Address: City-St-Zip: Fitle: Name: Name: Address: Address:	Electronic Signature of Registered Ages AND DIRECTORS: PD () Delete ALEXANDER, GEORGE 1496 ALBERT DR. MELBOURNE, FL 32935 VD () Delete SMITH, CHARLES 1467 GUANA AVE. MELBOURNE, FL 32935 SD () Delete APELGREN, SCOTT 1428 HIGHLAND	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD HESTER TD 05/11/2006