2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 21, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N0100000		INC.	f .				09-21-2004	* · · ;,	024 ******6	1.25
Principal Place of Business Mailing Address 7731 HORSE FERRY RD PO BOX 533541 ORLANDO, FL 32835 ORLANDO, FL 32853								·			
2. Principal Place of Business 3. M			Mailing Address								
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				232004 (Chg-NP	CR2E0	37 (10/03)	
City & State				& State			FEI Number 59-36915	551		———	pplied For of Applicable
Zip	Country Zip			Country		5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	nt Registered	d Agent		Name	7. 1	Name and Ad	ddress of New	Registered	Agent	
HABER I						is is r− ess ?	menta i una sa	يندون کا		· • • • • • • • • • • • • • • • • • • •	
HABER, LAWRENCE H. 931 JASMINE STREET CELEBRATION, FL 34747								s Not Acceptab			
					City				FL	Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purpo	ose of changing it	s register	ed office or r	registered ag	gent, or both,	in the State of F	Florida. I am	n familiar with,	and accept
SIGNATURE		ent and title if appt	icable. (NC	TE: Registere	d Agent signature	a (Source) when o	reinstation)		DATE		
	1					o rodored when r	onacacing)			·	
D	Filing Fee is \$61.25 ue by September 8, 2004		9. Election Ca Trust Fund	eign F	inancing _	 \$5.	00 May Be		Make chec	ck payable t	
D		DIRECTORS	9. Election Ca	eign F	Financing tion. [\$5.	00 May Be ed to Fees		Makø chec orida Depa	rtment of S	tate
	OFFICERS AND D		9. Election Ca	ımpaign F Contribut	Financing Lion.	\$5.	00 May Be ed to Fees	Fic	Makø chec orida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

SIGNATURE: