## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001483

FILED Jul 26, 2008 Secretary of State

Current P	Principal Place of Business:	New Principal Place of Business:
	DEN LN APTIVA ISLAND D, FL 33945	
Current M	Mailing Address:	New Mailing Address:
PO BOX 2 PINELANI	2247 D, FL 33945 US	
In accordan	r: 65-1093575 FEI Number Applied For() Face with s. 607.193(2)(b), F.S., the corporation did not re	El Number Not Applicable ( ) Certificate of Status Desired ( ) ceive the prior notice.  Name and Address of New Registered Agent:
PINELANI The above	APTIVA ISLAND D, FL 33945 US e named entity submits this statement for the purp e of Florida.	ose of changing its registered office or registered agent, or both
SIGNATU	DE:	
	Electronic Signature of Registered Agent	Date
OFFICER		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address:	Electronic Signature of Registered Agent	
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered Agent  S AND DIRECTORS:  DC ( ) Delete  COUSAR, ROBERT W JR  4580 HIDDEN LN UPPER CAPTIVA ISLAND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronic Signature of Registered Agent  S AND DIRECTORS:  DC () Delete COUSAR, ROBERT W JR 4580 HIDDEN LN UPPER CAPTIVA ISLAND PINELAND, FL 33945 US  VCD () Delete THURMAN, DAN 5310 SW 18TH AVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT W. COUSAR, JR. 07/26/2008 DC