## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # N01000001917

1. Entity Name



**FILED** 

May 04, 2006 8:00 am Secretary of State

05-04-2006 90238 028 \*\*\*\*61.25

			1550CIATION, INC								
C/O QUARLES & BRADY LLP       C/O E         1395 PANTHER LANE, SUITE 300       1398         NAPLES, FL 34109       NAPL         2. Principal Place of Business       3. Mai         Suite, Apt. #, etc.       Suite				C/O QUARLES & BRADY LLP 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109			04/// ·				
			3. Mailing Address				01302006 Chg-NP CR2E037 (11/05)				
			Suite, Apt. #, etc.			01302006 CH					
						4. FEI Number Applied For 52-2342139 Not Applicable					
Zip Country		Zip	Cou	ntry	5. Certificate of St	atus Desired		8.75 Add	itional		
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. Name and Add	ress of New R	egistered A	gent		
NADLEC	AVAIDOCI	( INC			Name						
NAPLES-I 1395 PAN				ł	Street Addres	ss (P.O. Box Number is I	Not Acceptable	)			
SUITE 30		· <del>-</del>									
NAPLES,	FL 34109										
					City			FL	Zip Code	<del></del>	:
	named entit		the purpose of changing its	s registere	ed office or regis	stered agent, or both, in	the State of Flo		amiliar with,	and accept	
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SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NO)	TE: Registered	d Agent signature requ	uired when reinstating)	***	DATE			
SIGNATURE	Filing Fe	or printed name of registered agent on is \$61.25 May 1, 2006	9. Election Ca Trust Fund	mpaign Fi	inancing _	\$5.00 May Be Added to Fees		DATE ake check ida Depart			
SIGNATURE	Filing Fe	e is \$61.25	9. Election Ca Trust Fund	mpaign Fi	inancing _	\$5.00 May Be	Flor	ake check ida Depart	ment of St	ate	
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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 indicated on this report of 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 receive nor 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:

4-12-06

4106040020