FILED Jun 23, 2002 8:00 am Secretary of State 05-21-2002 91146 024 ****70.00

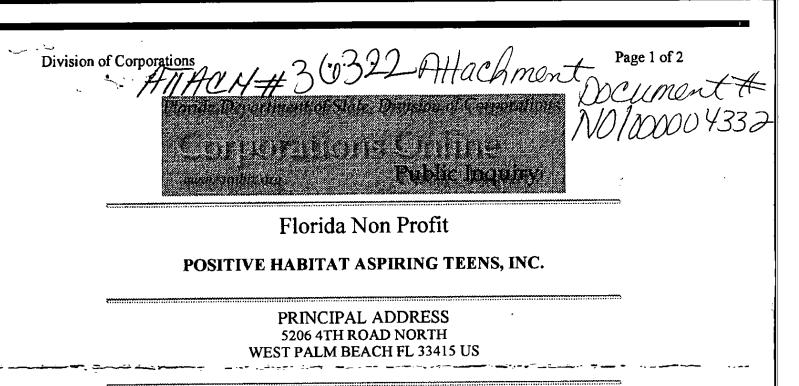
NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT# N010000043 e tive Habitat Aspirin		·/		-	
)
	NOT WRITE	IN THIS C	DACE			
	DO NOT WRITE	IN THIS S	FACE		36322	
	lace of Rusiness	3. Mailing Address 5206 4th Road	l North			
Suite, Apt.	4th <u>Road North</u>	Suite, Apt. #, etc.	1102 011		DO NOT WRITE IN THIS SPA	ACE .
n/a City & State		n/a City & State		4. FEI Number		Applied For
West Pa	alm Beach, FL	West Palm Bea	Country	65–1125 5. Certificate of St	Si	Not Applicable 8.75 Additional
33415	USA	33415	USA	1	Ess of Current Registered A	e Required
		n.==	Name	alerie D.		K.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DO NOT W		. Street Address	(P.O. Box Number is	Not Acceptable)	
	IN THIS SP	ACE		h Road Nor		
				lm Beach	FL	Zip Code 33415
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or registe	red agent, or both, in	the state of Fiorica.	
SIGNATURE .						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registerad Ayent signature require	d when reinstating)	DATE	
	FEE.IS \$61.25		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check I	77.000.000.000.000.000.000.000.000.000.
	Initial or Amended UBR	iluşi Püllö	Controlation, 1_3	Added to rees	Department	Of State
TITLE	OFFICERS AND DIR	ECTORS	ntų.			(01)
HAME STREET ADDRESS	Dejarbas Staffico	***	MAME STREET ADDRESS			CRZE037B (12/01)
CITY-ST-ZIP	5501 Pinnacle Lane West Palm Beach, FL	33415	८म४-इर-३४			E037
TITLE NAME	T/D Richard Bennett		THE MARK			CR CR
STREET ADDRESS CITY+ST+ZIP	6801 NW 15th Avenue Miami, FL 33417	•	STREET ADSPECTS CITY STEED			
TITLE	S/D		unt			
NAME	Diana Lowe - 6162 Mullin Street	e 'ûs <u>aan</u> as-	NAME STREET ACCRESS	DΩ	NOT WRIT	· E
CITY-ST-ZIP	Jupiter, FL 33458		CITY. ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP			CITY ST IPP			
TITLE .		•	THE MANK			
STREET ADDRESS			STREET ACOMESS CORY-STI-284			
TITLE			11九章			
NAME STREET ADDRESS		-	nalue Street address			
CITY-ST-ZIP	if, sheet the leftermentim_iimi	this filling dose not qualify to	(CFT-SI-19)	ection 119 07/3\fi\ FI	orida Statutes, Uturther certify	that the information
indicated of the co	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empty	true and accurate and that owered to execute this repo	my signature shall have the int as required by Chapter 6	same legal effect as 317, Florida Statutes;	if made under oath; that I am and that my name appears i	an officer or director in Block 10 or on an
attacrune	int with an address, with a coner like en	powered.	s Staffico	4/2	alas les	626 12.2
SIGNAT	TURE:	PINTERS WANT OF BOMING OFFICER		1/ 20	006 Och	7 36-471>

NOT-FOR-PROFIT-GORPORATION

1. Entity Name				7	ì			3	(n.	32
Posit	ive Habitat	Aspirir	ng Teens	s, Inc.					4	
	N TON OC	PITE	: IN T	HIS SI	PAC	F				
		•••								
5206	ace of Business 4th <u>Road No</u> rt	h		4th Road	Nor	th		DO NOT WRITE	IN THIS S	SPACE
Suite, Apt. n/a	≠, etc.		n/a	Apt. #, etc.			4. FEI Number			1 14
City & State West Pa	ılm Beach, FI	<i>j</i>		Palm Bea			65-1125	122		\$8.75 A
Zip 33415	Country USA		33415		USA	intry	5. Certificate of S 7. Name and Addr		100	Fee Requir
						Name V	alerie D.			
	DO N	0.32 900 00000	0.000.000.0000.0000.0000				(P.O. Box Number is		**********	
	IN TH	IS S	PACE			5206 4t	h Road Nor	th		13: 6.
						City West Pa	ılm Beach		FL	Zip Co 334
SIGNATURE	Signature, typed or protect name	of registered agen	n and title if applicab		TE: Registerie impaign F	ed office or registe d Ager synature require	ered agent, or both, ii ad when rensiding) \$5.00 May 8e Added to Fees	Make	oate g Chac	i Payahi nt of Sta
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SIGNATURE	FEE IS \$61.29 Initial or Amanded OFFI C/ D Dejarbas Sta 5501 Pinnacl West Palm Be T/D Richard Benr 6801 NW 15tl Miami, FL 3: S/D Diana Lowe- 6162 Mullin	dregulared agent BUBR CERS AND DI affico le Lane each, F nett h Avenu 3417	in and tale (applicable in ECTORS	9. Election Car Trust Fund (mpaign F Contribut 3178- 318- 318- 318- 318- 318- 318- 318- 31	ed office or register d Agent signature require imancing ion. ii ii ii ii ii ii ii ii ii	\$5.00 May Be Added to Fees	Matu De	onte g Checi partme	nt of Sta
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MAILING ADDRESS 5206 4TH ROAD NORTH WEST PALM BEACH FL 33415 US

Notion Number Notion No

State FL FEI Number NONE

> Status ACTIVE

Date Filed 06/20/2001

> Effective Date NONE

Registered Agent

Name & Address

JACKSON, VALERIE D 5206 4TH ROAD NORTH WEST PALM BEACH FL 33415

Officer/Director Detail

Name & Address Title
NONE

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