2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # N02000000				04-29-2005	90250 021 ****	61.25	
Principal Place 12025 3.E. S HOBE SOUNE	SUZANNE DRI VE	Mailing Address 12825 S.E. SUZANNE DR HOBE SOUND, FL 33458			140093	331		
2 Principal P	lace of Business	3-Mailing Address	1 - 10					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	10018	04042005	hg-NP	CR2E037 (10/03)		
Sity & State	art FC	Sty & Stete Stuart	FL	4. FEI Number 51-04329	54	<u> </u>	Applied For Not Applicable	
3499		34997	Marti	5. Certificate of S		S8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Ad	dress of New Ro	egistered Agent		
	CNAMARA, JAMES R			dress (P.O. Box Number is	(P.O. Box Number is Not Acceptable)			
	825 S.E. SUZANNE DRIVE DBE SOUND, FL 33455					,		
							de .	
			City			FL Zip Co		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registered agent, or both, i	n the State of Flo	rida. I am familiar with	n, and accept	
	-							
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE: R	legistered Agent signatur	e required when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
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	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor		\$5.00 May Be		ake check payable	to į	
			ntribution, t	Added to Fees	Flori	ida Department of	State	
10.	OFFICERS AND DIE		11.	Added to Fees		RS AND DIRECTORS		
TILE	PD		11.	Added to Fees ADDITIONS/CHANGE	GES TO OFFICER	RS AND DIRECTORS	N 10	
TITLE NAME	PD SAN GEORGE, DAVID JR.	RECTORS	11. TITLE NAME	Added to Fees ADDITIONS/CHANG PRESIDENT KENDETH HO	GES TO OFFICER	RS AND DIRECTORS	IN 10 Addition	
TITLE	PD	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG PRESIDENT Kenneth Ho 4518 SE Bri	OHING .	RS AND DIRECTORS	IN 10 Addition	
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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 cath; 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: NOTO NOW WE DEPART TRAILED	SIGNATURE:
SIGNATURE AND VAPED OR PRINTED RIVERS OF GRAINING OFFICER DR DIRECTOR Date Daytime Phone #	O. W. 1. 7. 1. W. 1

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