## 2008 NOT-FOR-PROFIT CORPORATION

**FILED** Jan 09, 2008 08:00 AN

1. Entity Nan	MENT # N020000003		Secretary of State				
	ALTERNATION OF THE STREET, STR	•					
Principal Place of Business 6217 ANDERSON ROAD TAMPA, FL 33634		Mailing Address 7001 TEMPLE TERRACE HIGHY TAMPA, FL 33637	WAY				
	to he down to	3,					
	O NOT WRITE	IN THIS SPA	CE	01072008	No Chg-NP	CR2E037 (4/06	Applied For
	All specific way to		,	75-30		\$8.75 A	
	6. Name and Address of Current Re	gistered Agent			<del></del>	. ree Requi	ieu
6217 AND TAMPA, F	·			DO IN	NOT WI	RITE ACE	And the state of t
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or b	oth, in the State of Flori	da. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Registers	d Agent signature required	when reinstating)		DATE	
t) to	Filling Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar     Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	,	a care a	The Post Property of	elijaka Get.	- 4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAMES 7001 TEMPLE TERRACE HIGHWA TAMPA, FL 33637	Y			oi/09208	0776681 -80034-007	61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUCHER, RODNEY 3114 SAMARA DRIVE TAMPA, FL 33618			g^ 1	en en grande de la companya de la c La companya de la co		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RICHARD 601 NUTSHELL COURT SEFFNER, FL 33584				NOT W	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1 2 1 2 3 4	THIS SP	the state of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i i dig	alaya hadibili sa mada aga saran sa	problem is a	
TITLE	I					· "	. 1

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 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.

NAME STREET ADDRESS