2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN Secretary of State

Country Zip Country Zip Country S. Certifloate of Status Desired Status Desir	1. Entity Name	T# NUZUUUUUU RY IAC CHAPTER 28					Secr	etary of S	State
Suite, Apt. #, etc. Suite, Apt. #, etc.	222 CESSNA		222 CESSNA	H, FL 32128			IKN 85M 85M 85M 85M 85	ii PSIII SSIII BISII BISII BIDII	
City & State Country Country Country Country S. Certificate of Status Desired Stat	2. Principal Place of Bu	ısiness	3. Mailing Address	3					
Tipe Country	Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		01112006 Ch	g-NP C	R2E037 (11/05)	
Country Country Country St. Certificate of Status Desired St. T5 Additional Fee Required St. Certificate of Status Desired St. Certificate S	City & State		City & State	City & State			3	l	lied For Applicable
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Zip Coun		5. Certificate of Sta	atus Desired	\$8.75 Addit	tional
PALIMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH, FL 32115-2491 Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and authorized the obligations of registered agent. SIGNATURE Filing Fee is \$61.25	6. Name and Address of Current Registered Agent					7. Name and Add	ess of New Regis	itered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				-	Name .	•			
Either above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signalum, hyero or present agent of registered agent of registered agent a	150 MAGNOLIA A	VE			Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE SIGNATURE Signature, typoid or printed name of registered agent and title if applicable. (NOTE, Projetered Agent dignature required when reinstating) DATE	DATE TO THE BELLOIS	1,12 021/0 2101	•					•	
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SCHACHT, ELMER P SCHACHT, ELMER P SCHACHT, ELMER P STREET ADDRESS OLTY-ST-ZIP DAYTONA BEACH, FL 32128 CITY-ST-ZIP DAYTONA BEACH, FL 32128 CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE DAYTONA BEACH, FL 32118 CITY-ST-ZIP TITLE DAYTONA DRIVE CITY-ST-ZIP TITLE ANDRESS CITY-ST-ZIP TITLE TITLE DORTONA DRIVE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	the obligations of reg	gistered agent.					the State of Florida		ind accept
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NAME NAME	! !			1	•				
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Deli	ele Title Name Street				☐ Change	☐ Addition

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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/18/06 (386)

(386) 304-3436