2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004517

FILED Feb 05, 2007 Secretary of State

Entity Na				
Current Principal Place of Business:		New Principal Place of Business:		
	ROCKY FORD I, FL 32340	ROAD		
Current Mailing Address:		New Mailing Address:		
	ROCKY FORD I, FL 32340	ROAD		
FEI Number	: 30-0092713	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
PETERSC 4553 NE F	N, VICKI	N DO 4 D		
	I, FL 32340	US		
MADISON The above	l, FL 32340	US	purpose of changing its registere	ed office or registered agent, or both,
MADISON The above	l, FL 32340 e named entity e of Florida. RE:	US submits this statement for the		
MADISON The above in the State SIGNATU	l, FL 32340 e named entity e of Florida. RE: Electro	US submits this statement for the mic Signature of Registered Ag	ent	Date
MADISON The above in the State SIGNATU	l, FL 32340 e named entity e of Florida. RE:	US submits this statement for the mic Signature of Registered Ag	ent	
MADISON The above in the State SIGNATUI OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro S AND DIRECTOR PD PETERSON, N	US submits this statement for the onic Signature of Registered Agenta CTORS:) Delete VICKI EKY FORD ROAD	ent	Date
MADISON The above in the State SIGNATU	e named entity e of Florida. RE: Electro S AND DIRECTOR PD (PETERSON, V 4553 NE ROOM MADISON, FL	v submits this statement for the vonic Signature of Registered Agenta Signature of Registered	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKI PETERSON PD 02/05/2007