## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008293

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
524 NE 21 SUITE 100 WILTON N		3305			
Current Mailing Address:		New Maili	New Mailing Address:		
524 NE 21 SUITE 100 WILTON N		3305			
FEI Number	: 14-1852724	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
SUITE 150 FORT LAU The above	JDERDALE, FL		e purpose of changing	its registered office or registered agent, or both	
SIGNATUI	RE:				
	Electroni	c Signature of Registered A	gent	Date	
OFFICER	Electroni S AND DIRECT	<u> </u>		Date NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address:	S AND DIRECT  VD ()  CLINE, DIANE 2325 N.E. 19TH	FORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT  VD () CLINE, DIANE 2325 N.E. 19TH WILTON MANOF  PD () SCHNALL, ILEN	TORS:  Delete  AVE. RS, FL 33305 US  Delete E  VENUE, SUITE 1500	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTO	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECT  VD () CLINE, DIANE 2325 N.E. 19TH WILTON MANOF  PD () SCHNALL, ILEN 101 NE THIRD A FORT LAUDERE	TORS:  Delete  AVE. RS, FL 33305 US  Delete E  VENUE, SUITE 1500	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition  PD (X) Change ( ) Addition BLEVIN, DOUG 101 NE THIRD AVENUE, SUITE 1500	

I hereby certify that the information supplied with this filing does not qualify 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: GERARD ANDREWS 04/15/2008 ED