2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90029 001 ****61 24

1. Entity Nam	MENT # N0200009		02-01-2007 9002	:9 001 ****6	51.25		
Principal Plac 5323 BAYSH #D TAMPA, FL 3	IORE BLVD	Mailing Address 5323 BAYSHORE BLVD #D TAMPA, FL 33611		400	08200		
2. Principal P	tace of Business - No P.O. Box # Bayshore Blvd.	3. Mailing Address Bays	hore Blu	o1242007 C			
Suite, Apt. # atc. / A		Apt. E	ot. E		ng-NP CR2E	E037 (12/06)	
Tampa	l FL	Tampa FL		4. FEI Number 13-424504	9		plied For t Applicable
33611	-4183 Country USA	33611-4183	Country	5. Certificate of St		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, GEORGE 5323 BAYSHORE BLVD # D TAMPA, FL 33611 FL 23906/1-41							
8. The above named entity stem its 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 accept the obligations of registered agent. SIGNATURE Structure. Typed or printed name of registered agent and talle if applicable. INOTE Registered Agent signature required when revisitating) DATI							
			paign Financing \$5.00 May Be Added to Fees Florida Department of				
10.	OFFICERS AND DIF	RECTORS Delete	11.	Λ	ES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, GEORGE G 5323 D BAYSHORE BLVD TAMPA, FL 33611	LJ Veikie	NAME STREET ADDRESS CITY-ST-ZIP	P George G.Alva 5323-D Bay Tampa FL	vez 1Shore Blud. 33611-4183	Z-effange	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD VICKMAN, LARRY 5323 E BAYSHORE BLVD TAMPA, FL 33611	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	ST BOUNODONO, LARRY 5323 G BAYSHORE BLVD TAMPA, FL 33611	₩ Celete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD. Patricia R.V 5323-B Bay Tampa FL	Villiams Shore Blue 33611-4183	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Gregg Chris 5323-C Bi Tamoa FL	tophe sychoreble	Change	Adultion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 obsecute 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: ### ### ### ### ### ### ### #### ###							
SIGNAI	SIGNATURE AND TYPED OR P	NINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	There is to	Date Of D	Daytime Phone #	<u> </u>