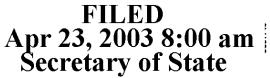
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCU  1. Entity Nan  CHRISTIA			Secretary of State 04-23-2003 90158 035 ****61.25						
Principal Plac	ce of Business	Mailing Address							
1052 HWY 92 W. ABURNDALE FL 33823		1052 HWY 92 W. ABURNDALE FL 33823			. 40		,	<i>.</i> *.	
*									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. 🗆	CHECK HERE IF MAKING	G CHANGES	;	
City & State		City & State	1		4. FEI Number 48 - / 3	30/479		pplied For ot Applicable	}
Zip	Country	Zip	Country		5. Certificate of St.	atus Desired	\$8.75 Ad		1
	6. Name and Address of Current	Registered Agent			7. Name and Add	ess of New Registered	Agent		1
	والمستراة بعيبية عادات والم	g to the second	**Name	er como	and the second second		<del></del> -	· · · · · · · · · · · · · · · · · · ·	]^
KOLADE 1052 HW	'S, Allen J Vy 92		Street A	Address (P.O. Box Number is Not Acceptable)					
W. Abuf	RNDALE FL 33823								]
			City			. FL	Zip Cod	le	
SIGNATURE	Signature, typed or printed name of registered agent a	.	Registered Agent signatu			DATE	L Barrier		
FILE NOW: FEE IS \$61.25					\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIF	ECTORS	11.	Al	DDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	l 10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLADES, ALLEN J REV. PO BOX 721 AUBERNDALE FL 33823	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	007077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLADES, LILLIAN A PO BOX 721 AUBERNDALE:FL-33823	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAN 219	CY P LA WEST LA	ngston are st. FL=33823	☐ Change	Addition	ניני
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIROUARD, ALFRED 119 S. EASTSIDE DR. LAKESIDE FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	×11, - 4,		, 2000	☐ Change	Addition	
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	     
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: