2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

DOCU 1. Entity Nan "GARDEI					2008 90011				
Principal Place of Business 5613 GARDEN LAKES MAJESTIC BRADENTON, FL 34203 Mailing Address 5613 GARDEN LAKES MAJESTIC BRADENTON, FL 34203					4				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	AVE E						
Suite, Apt.		Suite, Apt. #, etc.	MAL L		01202008	Chg-NP	CR2E03	37 (12/06)	
	ENTON	City & State BRADE NTO			4. FEI Numbe 59-2480			No	oplied For ot Applicable
Zip -FL	Country 34203 6. Name and Address of Current R	FL	34203	3	5. Certificate		ed 🔲	\$8.75 Add Fee Require	iltionald
		ogastores rigerit	Name						
MCKAY LAW FIRM, P.A. 2055 WOOD STREET SUITE 120 SARASOTA, FL 34237				SRQ ddjess (P	P.O. Box Numbe	r is Not Accep	MANA6 Plable)	TME	NT INC
			City B.	KAD	ENTON	/	FL	Zip Cod	4203
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	r registere	ed agent, or both	n, in the State o	of Florida. I am f	familiar with,	and accept
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SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	TOO m		when reinstating)	20K	2 ₁	13/0	3
SIGNATURE		g Election Camp Trust Fund Cor	legistered Agent signals align Financing	tre required v	when reinstating) \$5.00 May Be Added to Fees		DATE Make check Florida Depart		,
SIGNATURE	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	legistered Agent signals align Financing	tre required v	\$5.00 May Be Added to Fees		Make check Florida Depart	tment of Si	tate
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12. I hereby certify that the information supplied with this filing 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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING DIFFICER OR DIRECTOR

1-31-08 941-757-3427
Data Daytime Phone 6