NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP



FILED Feb 10, 2006 8:00 am Secretary of State

02-10-2006 90012 032 ****70.00

			- Core			
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 3. Mailing Address					20006993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR2E037B (8/05)		
City & State		City & State		4. FEI Number Applied For		
LAUDER-WII FLA. Zip Country Revolution		Zip Country		OB-1672469 Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
2011)	BRUWARD				Fee Required s of Current Registered Agent	
				NATHAN	m HARDEN	
	DO NOT W		İ	Street Address (P.O. Box Number is Not Acceptable)		
· IN THIS SPACE			520 City / 0	5200 N.W. 18th Place City LAUDERHIII FL 33313		
8. The above named entity submits 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 Signature, typed or printed tyme of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
	FEE IS \$61.25 Initial or Amended AR 5.11-		n Campaign Financing und Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State	
.10.	OFFICERS AND DI	RECTORS				
TITLE NAME	PRESIDENT	ARDEN	TITLE NAME		•	
STREET ADDRESS	JOVATHAN M. F. 5200 N.W. 1840 LANDERHILL FLA	PLACE	STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	CATOURNIII FUI	, 33373	TITLE			
NAME STREET ADDRESS	•		NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE NAME			
STREET ADDRESS	- -		STREET ADDRESS	DO	NOT WRITE	
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE	IN THIS SPACE		
NAME			NAME STREET ADDRESS	IIV I	HIS SPACE	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE			
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CITY-ST-ZIP		.	CITY-ST-ZIP			
NAME			TITLE NAME			
STREET ADDRESS			STREET ADDRESS			

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

ICNATURE: MINTE M LOOP JONATHAN M HARDEN 1-21-06 954-234

ATTACHMENT 20006993 N03000000021

JONATHEN HART 5200 NW 18TH PL LAUDERHILL FL 33313

Request taken by: rawoodall 01-10-2006

The forms you recently requested from this office are:

(1) 200. COR Non Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314