2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

	AMENDED AND	TOAL ILLI O	X •					
1. Entity Nar	IMENT # N03000083							
	ATION, INC.	08 OCT 27 Pil 4: 04						
7640 N. WICKHAM RD. PO I		Mailing ddiess PO BOX (10999 MELBOURNE, FL 32041	BOX X 10999		LEATINGY OF STATE LEANASSEE, FLORIDA			
WELDOURN	E, FE 32 34 0		FILM 18 00 18 00 18 00 18 00 180 0	(1888) (18 11 (1881) (18	IIIII AI HARI			
	Place of Business - No P O. Box #	ic Ct.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	10 4 Apt. #, etc.		g-NP CR2E	037 (12/06)		
City & State		Melbourn	TElbourne, FL		4. FEI Number Applied For 59-3790694 Not Applicable			
Zip	Country	32940	Country USA	5. Certificate of Sta	itus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
HEALY					PROPERT	y Ma	mt. LLI	
	HEALY, PAT 1800 W. MBISCUS BLVD. MELBOUANE, FL 32901 LIGHTHOUSE ROPERTY Mant. Street Address B. O. Box Northcellis Not Acceptable) Street Address B. O. Box Northcellis Not Acceptable)							
γ	`		CityMa	haaa	FI	Zip Coe	\$ 1 £ 1	
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, typod or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) OATE OATE								
(ITO IL TREGISIE DE Agent signature "oquired when terristaling) DATE								
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make ched Florida Depa	ck payable to intrent of S		
10.	OFFICERS AND DIRE		11,		S TO OFFICERS AND D		10	
TITLE NAME	DP HALEY, MYRA K	Delete	TITLE NAME	800	137328 ⁻ 01061010	— ☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	PO BOX 410999 MELBOURNE, FL 32941		STREET ADDRESS CITY-S1-ZIP	10/27/08	01061010	**61.2	25	
TITLE	DVP	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	BOURDREAUX, CHARLES PO BOX 410999		NAME STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE, FL 32941		CITY-ST-ZIP					
TITLE NAME	DTS SHEPARD, KELLIE	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	PO BOX 410999		STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE, FL 32941		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP					
TITLE		Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	•	☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME CTREET ADDRESS					
CITY - ST - ZiP			STREET ADDRESS CITY-ST-ZIP	····				
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 changed, or on an attachment with an address, with all other like empowered.								

10/28