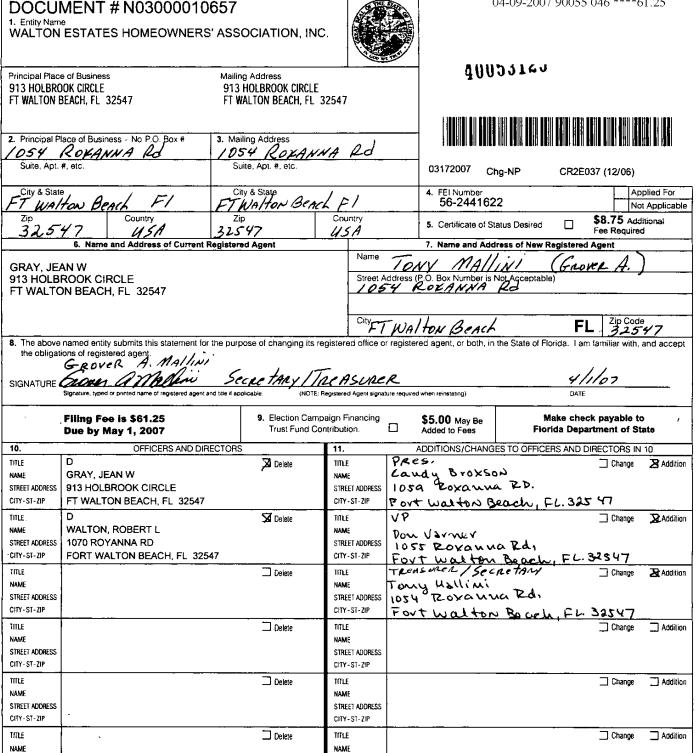
FILED Apr 09, 2007 8:00 am Secretary of State

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2007 NOT-FOR-PROFIT CORPORAT	TION
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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 changed, or on an attachrigent with an address, with all other like empowered.

STREET ADDRESS

CITY - ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 6 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *850 585* 6377