## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010750

FILED Apr 27, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	of Business:	
	DREGANO AVE FL 32350			
Current M	lailing Address:	New Mailing Address	<b>5:</b>	
	DREGANO AVE FL 32350			
El Number	: FEI Number Applied Fo	r ( ) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		ent: Name and Address o	Name and Address of New Registered Agent:	
	BURNETT			
	DREGANO AVE FL 32350 US			
PINETTA, he above	DREGANO AVE FL 32350 US	for the purpose of changing its registered	d office or registered agent, or bot	
PINETTA, The above in the State	PREGANO AVE FL 32350 US named entity submits this statement e of Florida.	for the purpose of changing its registered	d office or registered agent, or bot	
PINETTA, The above in the State	PREGANO AVE FL 32350 US named entity submits this statement e of Florida.		d office or registered agent, or bot Date	
PINETTA, The above the State SIGNATUI	PREGANO AVE FL 32350 US e named entity submits this statement e of Florida.  RE:	ered Agent		
PINETTA, The above the State SIGNATUI	PREGANO AVE FL 32350 US e named entity submits this statement e of Florida.  RE: Electronic Signature of Registe	ered Agent	Date	
PINETTA,  The above in the State  SIGNATUE  DFFICER:  ittle: lame: ddress:	PREGANO AVE FL 32350 US  e named entity submits this statement e of Florida.  RE: Electronic Signature of Register  S AND DIRECTORS:  D () Delete ADAMS, D BURNETT 1202 NE OREGANO AVE	ered Agent  ADDITIONS/CHANGE  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECT	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. BURNETT ADAMS 04/27/2005 D