## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002395

Name:

Address:

City-St-Zip:

KIPNESS, STEW

9381 NW 18TH DRIVE

PLANTATION, FL 33322

FILED Apr 30, 2007 Secretary of State

Entity Na	me: 332ND F	ED TAIL RC FLYER	RS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	/ 19 AVENUE RDENS, FL 3	3056					
Current Mailing Address:				New Mailing Address:			
	/ 19 AVENUE RDENS, FL 3	3056					
FEI Number	: 56-2442766	FEI Number Applied	d For ( ) FEIN	lumber Not App	licable()	Certificate of Status Des	sired (X)
Name and	d Address of	Current Registered	Agent:	Name and	Address of I	New Registered Agen	t:
20553 NW	Y, HELENA M / 19 AVENUE RDENS, FL 3						
The above in the State	e named entity e of Florida.	submits this stateme	ent for the purpose	e of changing i	ts registered o	office or registered age	nt, or both,
SIGNATUI	RE:						
	Electro	nic Signature of Reg	istered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( GRANT, GLEN 520 SW 63 TE MARGATE, FL	RRACE		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	JACKSON, PE 1791 NW 96 T			Title: Name: Address: City-St-Zip:	V (X DWYER, CARI 1830 SW 119 MIRAMAR, FL	TERRACE	
Title: Name: Address: City-St-Zip:	ST ( PRESSLEY, H 20553 NW 19 MIAMI GARDE	AVENUE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	ROPER, BASII 132 MIAMI GA			Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title:	0 (	) Delete		Title:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: HELENA M PRESSLEY 04/30/2007 ST