## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 09, 2008 8:00 am Secretary of State

1. Entity Nan	MENT # N0400003				07-09-2008	90019 039 ****6	51.25	
4755 ELENA WAY		Mailing Address PO BOX 361415 MELBOURNE, FL 3293	O BOX 361415		40109840			
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)		
City & State		City & State	City & State		 346	<u> </u>	oplied For	
<u> </u>	Country	Zip	Country	5. Certificate of		\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	ddress of New R	· · · · · · · · · · · · · · · · · · ·		
			Name	-				
NEWMAN, CHRIS 4755 ELENA WAY MELBOURNE, FL 32934			Street Address		(P.O. Box Number is Not Acceptable)			
	112,12 0200 )							
			City		·	FL Zip Cod		
8. The above the obligation	e named entity submits this statement for tions of registered agent	or the purpose of changing its	registered office or	r registered agent, or both,	in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and fille if applicable (NQ1F	Registered Agent signati	ner required when reinstating)		DATE		
-	Signature, typed or printed name of recipstured agent Filling Fee is \$61.25	<u> </u>	npaign Financing	\$5.00 May Be Added to Fees		ake check payable t		
D	Signature, typed or printed name of recisioned agent Filling Fee is \$61.25 ue by September 12, 2008	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Flori	ake check payable t ida Department of S	tate	
D 10.	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DII	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable tida Department of S	tate	
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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 explowered 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.

CITY ST-ZIP

SIGNATURE: \_

CHRIS NEWMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-2008

321 543 8500 Daytime Phone •