## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2007 8:00 am

DOCUMENT # N0400003202  1. Entity Name SNOOP'S COMMUNITY DEVELOPMENT CORPORATION						Secretary of State 03-14-2007 90032 035 ****61.25				
Principal Place of Business Mailin POB 12669 P.O. JACKSONVILLE, FL 32209 JACK					1 (61) (11) (11) (11)	T. 84071 85711 83711 6871	<b>20</b> /k <b>67</b> /6 <b>7</b> 1/10 1/10 1/10 1/10 1/10			
2. Principal Place of Business - No P.O. Box # 3. Mai			Hailing Address							
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		03022007	Chg-NP	CR2E037 (12/06)			
City & State		City & State	City & State		4. FEI Number 33-11159	96	<del></del>	pplied For ot Applicable		
Zip	Country	Zip	Co	ountry	5. Certificate of	Status Desired	See Require			
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Ro	egistered Agent			
FARRA, IS				Name F		ess (P.O. Box Number is Not Acceptable)				
	<del>UFF AVENUE 3</del> I <del>VILLE: FL-32254</del>					, ,				
SACROCIVILLE, 12 32234				City T	2259 Courtney Drive					
				Ja Ja	icksonvil	les FL.	FL ZBC	30g		
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
G.G.IV.	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ered Agent eignature	required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	<b>9</b> . El	(NOTE: Register ection Campaign ust Fund Contribu	ı Financing	\$5.00 May Be		DATE  ake check payable t da Department of S			
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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.

S	G	N	ΔΤΙ	IRF

CHATTED NAME OF SKINING OFFICER OR DIRECTOR

312/07

1904)125-5822