2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007297

Name:

Address: City-St-Zip: FILED Apr 28, 2006 Secretary of State

Entity Na	me: CUBSC	COUT PACK	219, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	ORADO AVE D, FL 32826	NUE					
Current Mailing Address:				New Mailing Address:			
	ORADO AVE D, FL 32826	NUE					
FEI Number	: 20-1406653	FEI Numbe	er Applied For()	FEI Number Not App	plicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Reg	jistered Agent:	Name and	d Address	s of New Registered Agent:	
1615 MIAN ORLANDO	D, FL 32825	US					
The above in the State	e named entity e of Florida.	y submits this	statement for the p	ourpose of changing	its registe	red office or registered agent, or both	n,
SIGNATUI							_
	Electro	onic Signature	e of Registered Age	ent		Date	
OFFICER	S AND DIRE	CTORS:		ADDITIO	NS/CHAN	GES TO OFFICERS AND DIRECTO	ORS:
Title: Name: Address: City-St-Zip:	HICKS, TERE	ADO AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	QUILES, HAR	FIELD DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (LONG, JANE 2828 SPRAG ORLANDO, F	UE DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (WOODELL, S 1615 MIAMI F ORLANDO, F	ROAD		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	(() Delete		Title:	TRS	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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:

CARY, SHERRY L

ORLANDO, FL 32826

14714 KRISTENRIGHT LANE

SIGNATURE: SHERRY CARY TRS 04/28/2006