2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am

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City & State City & State City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired 8. Name and Address of Current Registered Agant Name RILEY, RICHARD K 20235 OLD TRILLEY RD. DADE CITY, FL 33523 City City FL Zip Code City City FL Zip Code City FL	Principal Place of Business - No P.O. Box # 3. Mailing Address	I DOUBLING ON BOTH BIRK BOAR BEAU BOAR BOAR BOAR BOAR AND
ZO - 1815131	Suite, Apt. #, etc. Suite, Apt. #, etc.	01062008 Chg-NP CR2E037 (12/06)
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RILEY, RICHARD K 20235 OLD TRILLEY RD. DADE CITY, FL 33523 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept time obligations of registered agent. SIGNATURE SIGNATURE S	City & State City & State	00.404.5404
RILEY, RICHARD K 20235 OLD TRILLEY RD. DADE CITY, FL 33523 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code	Zip Country Zip Country	
Street Address (P.O. Box Number is Not Acceptable) 20235 OLD TRILEY RD. DADE CITY, FL 33523 Street Address (P.O. Box Number is Not Acceptable) 20235 OLD TRILBY RD. City City FL 20 Code Street Address (P.O. Box Number is Not Acceptable) 20 Coty FL 20 Code Street Address (P.O. Box Number is Not Acceptable) City FL 20 Code Street Address (P.O. Box Number is Not Acceptable) 20 Coty FL 20 Code Street Address (P.O. Box Number is Not Acceptable) 20 Coty FL 20 Code Street Address (P.O. Box Number is Not Acceptable) 20 Coty FL 20 Code Street Address (P.O. Box Number is Not Acceptable) 21 Coty Street Address (P.O. Box Number is Not Acceptable) 22 Code Street Address (P.O. Box Number is Not Acceptable) 24 Coty Street Address (P.O. Box Number is Not Acceptable) 25 Cold Trilby Rd Immage Street Address (P.O. Box Number is Not Acceptable) 26 Coty Street Address (P.O. Box Number is Not Acceptable) 27 Coty Street Address (P.O. Box Number is Not Acceptable) 28 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 29 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 29 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 29 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 20 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 20 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 20 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 20 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 21 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 22 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 23 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable) 24 Coty Acceptable to Pixel Address (P.O. Box Number is Not Acceptable to Pixel Address (P.O. Box Number is Not Acceptable to Pixel Address (P.O. Box Number is Not Acceptable to Pixel Address (P.O. Box Number is Number is Not Acceptable to Pixel A		
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		· · · · · · · · · · · · · · · · · · ·
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10.	SIGNATURE Signature, typed or printed name of registered agent and tale il applicable. (NOTE: Registered Age	ley Socretary 1/9/08 Agrahure required when reinstating) DATE
TITLE CD		~ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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City-st-zip DADE City, FL 33523	NAME FINK, KATHLEEN NAME	Judith Eriger
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther 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 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.

SIGNATURE: Debut 16 Dela Ric Word K Riley
signature and typed or printed name of biging officer or director

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