

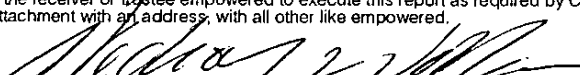


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N04000011450</b> 1. Entity Name <b>VICTORY COMMUNITY DEVELOPMENT INC</b>				 <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">FILED</div> <div style="margin-top: 5px;">05 AUG 23 PM 3:18</div> <div style="margin-top: 5px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">   <div style="font-size: 1.5em; font-weight: bold; margin-top: 5px;">08/23/05</div> <div style="margin-top: 5px;">2nd MOORE CR2E037 (5/05)</div> </div>	
Principal Place of Business <b>7457 NW 57TH ST TAMARAC FL 33319</b>		Mailing Address <b>7457 NW 57TH ST TAMARAC FL 33319</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILLIAMS, SHERNET</b> <b>7457 NW 57TH ST</b> <b>TAMARAC FL 33319</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WILLIAMS, STEDROY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7457 NW 57TH ST		NAME		
STREET ADDRESS	TAMARAC FL 33319		STREET ADDRESS		
CITY-ST-ZIP	VD		CITY-ST-ZIP		
TITLE	WILLIAMS, SHERNET <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7457 NW 57TH ST		NAME		
STREET ADDRESS	TAMARAC FL 33319		STREET ADDRESS		
CITY-ST-ZIP	SD		CITY-ST-ZIP		
TITLE	BLUNT, ALBERTA <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7457 NW 57TH ST		NAME		
STREET ADDRESS	TAMARAC FL 33319		STREET ADDRESS		
CITY-ST-ZIP	TD		CITY-ST-ZIP		
TITLE	GOCAN, EVAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7457 NW 57TH ST		NAME		
STREET ADDRESS	TAMARAC FL 33319		STREET ADDRESS		
CITY-ST-ZIP	SD		CITY-ST-ZIP		
TITLE	LEWIS, VINNETTE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7457 NW 57TH ST		NAME		
STREET ADDRESS	TAMARAC FL 33319		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: 			<div style="font-size: 1.5em; font-weight: bold;">28-05</div>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date					