2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Mar 16, 2006 8:00 am Secretary of State

Daytime Phone #

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080 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, a the obligations of registered agent. SIGNATURE Filling Fee 1s \$61.25 Due by May 1, 2006 Due 1 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of States added to Fees Provided Department	ed For
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country Country Country Country Country S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH SaINT AUGUSTINE, FL 32080 City FL Zip Code City FL Zip Code City FL Zip Code 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, a the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2006 Make Check payable to Florida Department of States Make Check payable to Florida Department of States Make Check payable to Florida Department of States Filling Fee is \$61.25 Due by May 1, 2006	ed For
City & State 4. FEI Number 20-2412584 Fee Required Street Address of Status Desired Street Address of Status Desired Street Address of New Registered Agent Name 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, a the obligations of registered agent. SIGNATURE Filling Fee is \$81.25 Due by May 1, 2006 City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Florida Department of Sta	pplicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080 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, a the obligations of registered agent. SIGNATURE Filling Fee 1s \$61.25 Due by May 1, 2006 Due 1st Fund Contribution. Agent signature required when reinstating. Make check payable to Florida Department of States.	pplicable
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080 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, a the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$61.25 Due by May 1, 2006 Pee Required Fee Required Fee Required Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 Purpose Is \$61.25 Due by May 1, 2006 Make check payable to Florida Department of States In Contribution.	onal
MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080 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, a 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 Filling Fee is \$61.25 Due by May 1, 2006 Make check payable to Florida Department of States.	
MAY MANAGEMENT SERVICES, INC. 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080 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, a 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 Filling Fee Is \$61.25 Due by May 1, 2006 Make check payable to Florida Department of Sta	
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, a 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 Filling Fee Is \$61.25 Due by May 1, 2006 Piorida Department of Sta	
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, a 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 Filling Fee Is \$51.25 Due by May 1, 2006 Piorida Department of States of Florida Department of Florida	
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 Filling Fee is \$61.25 Due by May 1, 2006 Prints Fund Contribution. Added to Fees Make check payable to Florida Department of Sta	
Filling Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of Sta	d accept
Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of Sta	
10 ACCIOEDE AND DIDECTORE 144 ADDITIONS (CHANGES TO DECICEDE AND DIDECTORS IN 1	B
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE DPST Delete DPST Delete DPST Delete DPST Delete DPST DELETED DEL	☑ Addition
STREET ADDRESS 110 S SERENATA DR UNIT 431 CITY-ST-ZIP PONTE VEDRA BCH, FL 32208 CITY-ST-ZIP Tacksonv. I = FL 32259 ITILE DELORENZO, ANDREW J STREET ADDRESS CITY-ST-ZIP DELORENZO, ANDREW J STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32086 TITLE NAME STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32086 TITLE Delete TITLE DELORENZO, ANDREW J STREET ADDRESS TO OLD TREELINE TR Change STREET ADDRESS STREET ADDRESS TO OLD TREELINE TR STREET ADDRESS STREET ADDRESS TO OLD TREELINE TR STREET ADDRESS STREET ADDRESS TO OLD TREELINE TR TO STREET ADDRESS TO	Addition
TITLE D Delete TITLE NAME BUBECK, DAVID M STREET ADDRESS 750 OLD TREELINE TR CITY-ST-ZIP DELAND, FL 32724 TITLE NAME STREET ADDRESS 177 Summer hill Circle CITY-ST-ZIP S+ Augus Fine FL 32086	Addition
TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition
TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 o	Addition

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: