2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012009

FILED Sep 05, 2006 Secretary of State

| urrent Pr | incipal Place of Business: | New Principal Place of Business: | |
|--|---|---|----------------|
| | N CENTER CIRCLE | | |
| UITE 550 OCA RAT | ON, FL 33486 | | |
| urrent Ma | ailing Address: | New Mailing Address: | |
| 100 TOWI | N CENTER CIRCLE | | |
| | ON, FL 33486 | | |
| | 20-2204909 FEI Number Applied For () se with s. 607.193(2)(b), F.S., the corporation did r | FEI Number Not Applicable () Certificate of Statu ot receive the prior notice. | s Desired() |
| ame and | Address of Current Registered Agent: | Name and Address of New Registered A | \gent: |
| | | | |
| AYE, BAR 100 TOWI UITE 550 | RRY N CENTER CIRCLE | | |
| 100 ŤOWI UITE 550 | | | |
| 100 ŤOWI UITE 550 OCA RAT he above | N CENTER CIRCLE ON, FL 33486 US | purpose of changing its registered office or registered | agent, or both |
| 100 TOWI UITE 550 OCA RAT he above the State | N CENTER CIRCLE ON, FL 33486 US named entity submits this statement for the of Florida. | purpose of changing its registered office or registered | agent, or both |
| 100 TOWI UITE 550 OCA RAT he above the State | N CENTER CIRCLE ON, FL 33486 US named entity submits this statement for the of Florida. | | agent, or both |
| 100 ŤOWI UITE 550 OCA RAT he above i the State | N CENTER CIRCLE ON, FL 33486 US named entity submits this statement for the of Florida. RE: | | |
| 100 ŤOWI UITE 550 OCA RAT he above n the State IGNATUR PFFICERS | N CENTER CIRCLE TON, FL 33486 US named entity submits this statement for the of Florida. RE: Electronic Signature of Registered Age 6 AND DIRECTORS: D () Delete | ent Date ADDITIONS/CHANGES TO OFFICERS A Title: () Change () Addition | |
| 100 TOWI UITE 550 OCA RAT he above in the State IGNATUR PFFICERS tte: ame: | N CENTER CIRCLE TON, FL 33486 US named entity submits this statement for the of Florida. RE: Electronic Signature of Registered Age 6 AND DIRECTORS: D () Delete KAYE, BARRY | ent Date ADDITIONS/CHANGES TO OFFICERS A Title: () Change () Addition Name: | |
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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.

SIGNATURE: BARRY KAYE 09/05/2006 D