## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 19, 2007 8:00 am Secretary of State

	1. Entity Nam	MENT # N04847 AT WOODMONT NO. 4, IN	NC.					0054 003 ****6	1.25	
	Principal Place 7707 N.W. 79 TAMARAC, FL	9 AVE.	Mailing Address GROSS & ASSOC. CPA'S, 2 S. UNIVERSITY DR. STE PLANTATION, FL 33324	312		-	136774 1111111111111111	110%	<b>                                  </b>	
2. Principal Place of Business - No P.O. Box # 3. Mail			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01162007 C	hg-NP	CR2E037 (12/06)		
City & State Ci			City & State	ty & State		4. FEI Number 59-246348	39	- <del></del>	oplied For ot Applicable	
Ī	Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
Ī		6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New Re	gistered Agent		
l	BBOHGH	CHADROW & LEVINE PA		Name						
l	GLOBAL C	CHADROW & LEVINE PA COMMERCE CENTER TH COMMERCE PKWY		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
١	WESTON,									
١	,			City				FL Zip Cod	е	
Ì			r the purpose of changing its re	egistered office or r	registere	ed agent, or both, in	the State of Flor	ida. I am familiar with,	and accept	
Į										
ı	A.A									
8. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent a			and title if applicable (NOTE: F	Registered Agent signature	e required v	when reinstating)		DATE	i	
	SIGNATURE	Signature, typed or printed name of registered agent: Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing _		\$5.00 May Be Added to Fees		DATE ike check payable t da Department of S		
		Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing Intribution.		\$5.00 May Be Added to Fees	Florie	ke check payable t da Department of S	tate	
	10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing ontribution. C	□ A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER	ike check payable t da Department of S	tate	
		Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing Intribution.	□ A	\$5.00 May Be Added to Fees	Florid GES TO OFFICER	ike check payable to da Department of S	tate	
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	10. TILE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF D KAHANE, STEVE	9. Election Camp Trust Fund Co	paign Financing Intribution. C  11. IIILE NAME	D A	\$5.00 May Be Added to Fees	Florid SES TO OFFICER SSANO 9 AVE #	ike check payable to da Department of S	1 10	
	10. INLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  D  KAHANE, STEVE 7547 NW 79 AVE 312	9. Election Camp Trust Fund Co	paign Financing Intribution.  11. IITLE NAME STREET ADDRESS	D A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER SSANO 9 AVE #	ike check payable to da Department of S	1 10	
	10.  THE NAME STREET ADDRESS CHY-SI-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  D  KAHANE, STEVE  7547 NW 79 AVE 312  TAMARAC, FL 33321  VPD	9. Election Camp Trust Fund Co RECTORS	paign Financing Intribution. C  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER SSANO 9 AVE #	ike check payable to da Department of S S AND DIRECTORS IN Change 102 33331	1 10 Addition	
	10. THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  D KAHANE, STEVE 7547 NW 79 AVE 312 TAMARAC, FL 33321  VPD KUBY, SEENA	9. Election Camp Trust Fund Co RECTORS	paign Financing Intribution.  11.  IIILE NAME SIREET ADDRESS CITY-ST-ZIP  TIILE NAME	D A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER SSANO 9 AVE #	ike check payable to da Department of S S AND DIRECTORS IN Change 102 33331	1 10 Addition	
	10.  ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  D KAHANE, STEVE 7547 NW 79 AVE 312 TAMARAC, FL 33321  VPD KUBY, SEENA 7579 NW 79 AVE #201	9. Election Camp Trust Fund Co	Daign Financing Intribution.	D A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER SSANO 9 AVE #	ike check payable to da Department of S S AND DIRECTORS IN Change 102 33331	tate 1 10  Addition  Addition	
	10.  THE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  D KAHANE, STEVE 7547 NW 79 AVE 312 TAMARAC, FL 33321  VPD KUBY, SEENA 7579 NW 79 AVE #201 TAMARAC, FL 33321	9. Election Camp Trust Fund Co RECTORS	Daign Financing Ontribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	D A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER SSANO 9 AVE #	ke check payable to da Department of S S AND DIRECTORS IN Change 102 33331 Change	1 10 Addition	
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	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF  D KAHANE, STEVE 7547 NW 79 AVE 312 TAMARAC, FL 33321  VPD KUBY, SEENA 7579 NW 79 AVE #201 TAMARAC, FL 33321  PD MADDELONE, LEE 7579 NW 79TH AVE #207	9. Election Camp Trust Fund Co	Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florid SES TO OFFICER SSANO 9 AVE #	ke check payable to da Department of S S AND DIRECTORS IN Change 102 33331 Change	tate 1 10  Addition  Addition	
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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 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:

CHTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #