2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N05000000774



FILED Mar 06, 2008 8:00 am Secretary of State 03-06-2008 90034 012 ****61.25

PATH SH					03-	00-2008 900	51012	01.23		
Principal Place of Business 3314 S DALE MABRY HWY TAMPA, FL 33629		Mailing Address 3314 S DALE MABRY HWY TAMPA, FL 33629								
	lace of Business - No P.O. Box # W. BUSCH BLVD	3. Mailing Address	OLL COVE	PL.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042008	Chg-NP	CR2E0	37 (12/06)		
City & State TAMPA, FLURIDA		City & State TAMPA, FL 33612		2	4. FEI Number 59-3673374			<u> </u>	plied For at Applicable	
Zip 33 6	Country USA	^{Zip} 33612	Country USA		5. Certificate of			\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name		7. Name and A			Agent		
PATEL, NILESH 3314 S DALE MABRY HWY				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33629				10320 CARROLL COVE PLA.						
<u> </u>			City	7A	MPA		FL	Zip Code	612	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office of	r register	ed agent, or both,	in the State of Fl	orida. I am	familiar with,	and accept	
		ANLI					-11	_		
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	. Organizate, typed in privated realise of registered agent									
	Filing Fee is \$61.25		npaign Financing		\$5.00 May Be			k payable to		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	rida Depai	tment of S	tate	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08

813-786-3286

Daytime Phone #