2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006389

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
321 SW 127TH A DAVIE, FL	VE				
Current Mailing Address:		New Mailing Address:			
2321 SW 127TH AVE DAVIE, FL		2321 SW 127TH AVE DAVIE, FL 33325			
El Number:	FEI Number Applied For (X)	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
321 SW 127TH A	VE US				
321 SW 127TH A DAVIE, FL The above named In the State of Flori	US entity submits this statement for the p	ourpose of changing	its registered (office or registered agent, or both,	
321 SW 127TH A DAVIE, FL The above named the State of Flori	US entity submits this statement for the pida.		its registered o	office or registered agent, or both, Date	
he above named the State of Flori	us entity submits this statement for the pida. Electronic Signature of Registered Age	ent			
321 SW 127TH A DAVIE, FL The above named in the State of Flori BIGNATURE:	us entity submits this statement for the pida. Electronic Signature of Registered Age	ent	NS/CHANGES	Date TO OFFICERS AND DIRECTOR Change (X) Addition TH AVE	
321 SW 127TH A DAVIE, FL The above named in the State of Flori GIGNATURE: E DFFICERS AND I title: ame: ddress:	entity submits this statement for the pida. Electronic Signature of Registered Ago DIRECTORS:	ent ADDITIOI Title: Name: Address:	PD (PHAM, THANH 2321 SW 127 DAVIE, FL 33:	Date 5 TO OFFICERS AND DIRECTOR 1) Change (X) Addition 11H AVE 325 1) Change (X) Addition 1NY ENTUCKY AVE	

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: THANH PHAM PD 04/18/2006