2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT





INC.	REFLECTIONS HOWEOV	VINLINO	4990CIATIO	١,								
2605 SW 33RD ST P.0			Address BOX 2495 A, FL 34478									1104 B1 (BS)
2 Principal P	face of Business - No P.O. Box #	3 Mail	ing Address		_							
z. Frinciparri	lace of Business - No F.O. Box #	3. IVIQII	ing Address					BEIGI EILII BBIIL TI	EIII BEIII BEI			2
Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc.				02132007	Chg-NP	c	R2E037	(12/06)	
City & State		Cit	City & State				4. FEI Numbe 20-451	3296				plied For t Applicable
Zip	Country	Zìp)	Cou	intry		5. Certificate	of Status Desi	ired		3.75 Add e Required	itional
	6. Name and Address of Curren	nt Registere	d Agent				7. Name and	Address of N	lew Regi			
KIDKDATE	DICKK KENNETH				Name	`						
KIRKPATRICKK, KENNETH 2605 S.W. 33RD ST. SUITE 200					Street Add	ldress (F	P.O. Box Numbe	er is Not Acce	ptable)			
OCALA, FI												
					City					FL	Zip Code	e
	named entity submits this statement	for the purp	ose of changing its	register	ed office or r	register	ed agent, or bot	th, in the State	of Florida	a. I am fan	niliar with,	and accept
the obligat	ions of registered agent.											
SIGNATURE .						_						
			Seekle 0.070	. Danistas	d Agent signature					DATE		
	Signature, typed or printed name of registered age	ent and title if app	RICADIO. (NOTE	negistere			when reinstating)					
<u></u>	Filling Fee is \$61.25 Due by May 1, 2007	ent and title if app	9. Election Can Trust Fund C	npaign F	inancing	_	\$5.00 May B Added to Fees	le :		e check p		
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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 accurage 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.

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SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNATURE OF DIRECTOR

2/17/07 Linda Smith

352/369-9881

Daytime Phone #

FILED

Mar 16, 2007 8:00 am Secretary of State

03-16-2007 90037 031 ****61.25