2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009110

HOUSE, DORLÍNDA

ORLANDO, FL 32803

714 PARK LAKE STREET

Name:

Address:

City-St-Zip:

Entity Name: CEV CVA/INANAINIC INICODDOD

FILED Jan 11, 2006 Secretary of State

Entity Nar	me: CFYSW	IMMING INCORPORATED			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DEN LANE), FL 32804				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1227 GOLDEN LANE ORLANDO, FL 32804			P.O. BOX 3299 WINTER PARK, FL 32790		
FEI Number:	: 20-3403958	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1227 GOĹI	RICHARD B C DEN LANE), FL 32804	IR. US			
The above in the State	named entity e of Florida.	submits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIR (BENNER, RICH 1227 GOLDEN ORLANDO, FL	I LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (PRESSLEY, C 1900 BENHUR MAITLAND, FL	ST PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR (BROWN, MAR 950 BONITA D WINTER PARK	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DIR () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINA ANNUNZIATA PRESSLEY DIR 01/11/2006