2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010354

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
323 CARM COCOA B	IINE DR CH, FL 32931	ı		
Current Mailing Address:		New Mailing Address:		
323 CARM COCOA B	IINE DR CH, FL 32931			
FEI Number:	20-4020681	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
C/O OMET		ASSOCIATES, P.A. LONGOCIATES, P.A.		
	AVENUE SO PARK, FL 327	UTH STE 150 É		
WINTER F The above	PARK, FL 327	UTH STE 150 [*] 89 US	purpose of changing its registere	ed office or registered agent, or both,
WINTER F The above in the State	PARK, FL 327 named entity e of Florida. RE:	UTH STE 150 89 US submits this statement for the		
WINTER F The above n the State	PARK, FL 327 named entity e of Florida. RE:	UTH STE 150 [*] 89 US		ed office or registered agent, or both, Date
WINTER F The above in the State SIGNATUF	PARK, FL 327 named entity e of Florida. RE:	UTH STE 150 89 US submits this statement for the nic Signature of Registered Ag	ent	
WINTER F The above n the State	PARK, FL 327 named entity of Florida. RE: Electron S AND DIREC	UTH STE 150 89 US submits this statement for the nic Signature of Registered Ag TORS:) Delete JA DR	ent	Date
WINTER F The above In the State SIGNATUF OFFICER: Value:	PARK, FL 327 named entity of Florida. RE: Electron S AND DIRECT D (PLANS, REGIN 323 CARMINE COCOA BEAC	UTH STE 150 89 US submits this statement for the nic Signature of Registered Age TORS:) Delete NA DR H, FL 32931) Delete TORIA DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: REGINA PLANS 04/30/2009 D