

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011025

FILED  
Jun 22, 2006  
Secretary of State

**Entity Name:** NO LIMIT COMMUNITY DEVELOPMENT VENTURES, INC.

**Current Principal Place of Business:**

2200 WEST SILVER STAR ROAD  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2200 WEST SILVER STAR ROAD  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-3805974      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DAVIS, SR, ANTHONY D  
1334 ROYAL SAINT GEORGE DRIVE  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIS, SR, ANTHONY D  
Address: 2200 WEST SILVER ROAD  
City-St-Zip: ORLANDO, FL 32804

Title: VTD ( ) Delete  
Name: DAVIS, CHARLAYNE  
Address: 2200 WEST SILVER STAR ROAD  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: JOHNSON, ALAN  
Address: 2632 EAST 29TH STREET  
City-St-Zip: KANSAS CITY, MO 64128

Title: S ( ) Delete  
Name: DAVIS, TINA  
Address: 2200 WEST SILVER STAR ROAD  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY D. DAVIS, SR.

PD

06/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date