2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012534

1. Entity Name



FILED							
Feb 26, 2007 8:00 am							
Secretary of State							
02-26-2007 90051 028 ****61.25							

	TION, INC.							
Principal Place 10481 SIX M FT MYERS, FL	ILE CYPRESS PARKWAY	Mailing Address 10481 SIX MILE CYPRES: FT MYERS, FL 33912	S PARKWAY	4002	40023541			
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2. Principal Pl	ace of Business - No P.O. Box # 3.	Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01162007 C	hg-NP CR2E037 (12/06)	1		
City & State City & State		City & State	\$ State		4. FEI Number Applied For Not Applied For			
Zip	Country	Zip	Country	5. Certificate of S	\$9.75 A	dditional		
	6. Name and Address of Current Regi	stered Agent		7. Name and Add	tress of New Registered Agent			
SHIFI DS	CHRISTOPHER J.ESO		Name					
SHIELDS, CHRISTOPHER J ESQ C/O PAVESE LAW FIRM 1833 HENDRY STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
FT MYERS	s, FL 33901							
			City		FL Zip Co			
The above the obligati	named entity submits this statement for the ons of registered agent.	purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Florida. I am familiar wit	h, and accept		
-								
SIGNATURE _	Signature, typed or printed name of registered agent and titl	e if applicable (NOTE: F	Registered Agent signature	required when reinstating)	DATE			
	Filtra Par to \$64.05	B. Floation Comm						
	Filing Fee is \$61.25	Election Camp	alun mandino					
İ	Due by May 1, 2007	Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable Florida Department of			
10.	OFFICERS AND DIRECT	ORS	ntribution.	Added to Fees ADDITIONS/CHANG	Florida Department of ES TO OFFICERS AND DIRECTORS	State IN 10		
TITLE	OFFICERS AND DIRECT		ntribution.	Added to Fees ADDITIONS/CHANG	Florida Department of ES TO OFFICERS AND DIRECTORS	State IN 10		
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indicated on this report or supplemental report is true and accurate 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.

S	IG	N	ΔΤ	Ή	R	F

Daniel Form DAVICE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVIEL THRON

239-225-6978