2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000012860

1. Entity Name
PALM BEACH COUNTY DISASTER RECOVERY



FILED Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90058 033 ****70.00

	ION, INC.	TEOOVER!		
2600 QUAN	nce of Business NTUM BLVD. 3CH, FL 33426	Mailing Address 2600 QUANTUM BLVD. BOYNTON BCH, FL 334	26	
0 000000	Discourse No. D.O. Branch			
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		01112008 Chg-NP CR2E037 (12/06)
City & Sta	ate	City & State		4. FEI Number Applied For 20-4595245 Not Applied by
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
BAGDAS	ARIAN, RICHARD C		Name	
1800 COF	RPORATE BLVD. NW, SUITE 30 TON, FL 33431)2	Street Add	fress (P.O. Box Number is Not Acceptable)
	·			
			City	FL Zip Code
	e named entity submits this statement for ations of registered agent.	the purpose of changing its re	egistered offi ce or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
	Richard Roa	docor's		4// 50 60
SIGNATURE	Signature, typed or printed name of registered accord a	dasari and ittle it applicable. (NOTE:	Registered Agent signature	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	Filing Fee is \$61.25	9. Election Camp	· · -	\$5.00 May Be Make check payable to
	Due by May 1, 2008	Trust Fund Co	entribution.	Added to Fees Florida Department of State
10.	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund Co	11.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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12. If 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 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

Jennifer Beckman 04-03-08 (56))395-6682 SIGNATURE: