2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCU 1. Entity Narr VALCRO							etary (008 90188 01		
Principal Place of Business 521 CROSS STREET PUNTA GORDA, FL 33951 US PUNTA GORDA, FL 33951 PUNTA GORDA, FL 33951			951 US	S	. I HARTITAL DA	033698 MMMMM			
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address				\$0 41 0714 (707 007)		LUIK SIEH BIS	III
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04212008	Chg-NP	CR2E037	(12/06)	
City & State		City & State		4. FEI Numbe 90-019				oplied For ot Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desire		8.75 Add	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of Ne	w Registered Ag	ent	
1400DE 1	ODERT I	- '		Name					
MOORE, ROBERT J 3111 BUTTONWOOD PLACE PUNTA GORDA, FL 33950			-	Street Address (P.O. Box Number is Not Acceptable)					
			<u> </u>	City			FL	Zip Cod	6
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or regi	istered agent, or bol	th, in the State of		niliar with.	and accept
the obligat	ions of registered agent. Robert 77	Pooro				4	1-25	- 08	5
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered A	Agent signature req	quired when reinstating)		DATE		
	Signable typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Fina	ancing	\$5.00 May B Added to Fees	ie i	Make check p	payable to	0
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Fina	ancing	\$5.00 May B Added to Fees	ie F	Make check p	payable to	o tate
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12. I nereby 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 of 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 attacturent with appropriate with all other like empowered.

SIGNATURE:

THE SURE GALEN PRICE TREASURED ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2008 (941)5-75-60;