2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05231



FILED Apr 14, 2008 8:00 am Secretary of State

Principal Pface of Business T38 E STH AVENUE MT. DORA, FL 32757 2. Principal Pface of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #. etc. Suite, Apt. #, etc. O4092008 Chg-NP CR2E037 (12/06) City & State Country S. Certificate of Status Desired Status Desired See Required 6. Name and Address of Current Registered Agent Name ALDERMAN, MICHELE M 138 E. 5TH AVE MOUNT DORA, FL 32757 City FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2008 P. Election Campaign Financing Trust Fund Contribution. MAKE SIREET ADDRESS ITILE MIDDLETON, MICHELL SIREET ADDRESS At FEI Number 59-2470958 At FEI Number 59-2470958 State Number 1 Status Desired Agent Suprement Properties of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make Check payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 10 TITLE STREET ADDRESS SIREET AD
City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required T. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Signature: Typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent superaure required when reinstating) DATE Filling Fee is \$61.25 Due by May 1, 2008 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Make check payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS III. NAME SIREET ADDRESS SIRE
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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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 cath; that I am an diffector 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.

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