## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2008 8:00 am Secretary of State

Principal Place of Business 5950 LAKEHIRST DR 0RLANDO, FL 32819 US 0RLANDO, FL 32836 US  2. Principal Place of Business - No P.O. Box # 7362 FUTURES DRIVE 3. Mailing Address 7362 FUTURES DRIVE 01312008 Chg-NP CR2E037 (12/06)  SUITE 18  City & State OR LANDO - FL OR LA	or
Suite. Apt. #, etc. Suite. Applied F ORLANDO - FL City & State ORLANDO - FL Zip 328 I9  Country State ORLANDO - FL City & State ORLANDO - FL Zip 328 I9  Country Street Address of New Registered Agent Name  ARSON ACCOUNTING AND CONSULTING LLC 8818 COMMODITTY CIR STE 40 ORLANDO, FL 32819  City Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FIlling Fee 1s \$61.25 Due by May 1, 2008  P. Election Campaign Financing Trust Fund Contribution.  Delate  ITIE NWE BOSELLI, ROBERTO  INSTITUTE  SUITE SUITE SUITE SUITE SUITE SUITE SUITE SUITE ORLANDO - FL Suite Applied F Not App	or
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ORLANDO - FL ORLANDO - FL 20-4556674 Not Appli 21p 32819 Country US 37819 Country US 5. Certificate of Status Desired 28.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  LARSON ACCOUNTING AND CONSULTING LLC 8818 COMMODITTY CIR STE 40 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 Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2008 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS IN 10. ITLE POSELLI, ROBERTO	
5. Certificate of Status Desired W Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  LARSON ACCOUNTING AND CONSULTING LLC  8818 COMMODITTY CIR STE 40  ORLANDO, FL 32819  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 act the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when renstating)  DATE  Filling Fee 15 \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Make check payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE NAME  BOSELLI, ROBERTO	
Name    Street Address (P.O. Box Number is Not Acceptable)	
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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 eath; 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 additions, with all other like empowered.

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JULICO /STANA JOSE AUGUSTO PESTANA

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2008

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