2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007
Secretary of State

DOCUMENT# N06000004457

Entity Name: MVC BECKS DS AWARD, INC.

Current Principal Place of Business:

3 LAUREN CT
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

3 LAUREN CT
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN CAMP, MARTHA F
3 LAUREN CT
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRIMSHAW, MARTY
Address: 4 GRANVILLE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: LANDRUM, LINDA B
Address: 7580 COUNTY RD 136
City-St-Zip: LIVE OAK, FL 320607434

Title: D ( ) Delete
Name: STAMPS, ROBERT H
Address: 2725 S BINION RD
City-St-Zip: APOPKA, FL 327038504

Title: DC ( ) Delete
Name: VAN CAMP, MARTHA F
Address: 3 LAUREN CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: PLIMPTON, SUSAN
Address: 186 S BEACH STREET
City-St-Zip: ORMOND BEACH, FL 321746437

Title: ST ( ) Delete
Name: ISAAC, JOHN M
Address: 3 LAUREN CT
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA VAN CAMP DC 08/01/2007

Electronic Signature of Signing Officer or Director — Date