2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004559



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Principal Place of Business - No P.O. Box # 3.			3. Mailin	g Address						
Suite, Apt. #, etc.			Suite, Apt. #. etc.			02172007 _{Cr}	ng-NP CR2	PE037 (12/06)		
City & State		City & State		4. FEI Number 20-805	8801		plied For at Applicable			
Zip	Zip Country		Zip	ip Country		5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registere				ed Agent		7. Name and Address of New Registered Agent				
0018450	DE LOUD!				Name					
SCHWEPPE, LOURDES 7508 HARBOR BEND CR ORLANDO, FL 32822				Street Address (ss (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
•	J, 1 L OLOL									
					City		1	FL Zip Code	9	
	e named entity tions of registe	supmits this statement for ered agent.	r the purpos	e of changing its re	egistered office or regi	stered agent, or both, in	the State of Florida. 1	am familiar with.	and accept	
O.G. W. C.	Signature, typed of	or printed name of registered agent	and the Fappeer	31Oth 0:00	Heg stered Agent agnalure req	jured when renstaling)	DA	JE.		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.		OFFICERS AND DI	SECTORS							
TITLE	P		HECTURS		11.	ADDITIONS/CHANGI	ES TO OFFICERS AND	DIRECTORS IN	10	
41434F			HECTURS	☐ De:ete	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND	D DIRECTORS IN Change	10 Addition	
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STREET ADDRESS	7508 HAR	PE, LOURDES BOR BEND CR	HECTORS	☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGI	ES TO OFFICERS AND			
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STREET ADDRESS	7508 HAR ORLANDO VP	PE, LOURDES BOR BEND CR		☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGI	ES TO OFFICERS AND			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chaoter 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 it 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.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE

Date

Source Should

Daytime Phone #

FILED Apr 30, 2007 8:00 am Secretary of State