2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005241

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	PITAL CIRCLE SSEE, FL 323			
urrent Mailing Address:		New Mailing Address:		
	PITAL CIRCLE SSEE, FL 323			
El Number	: 56-2507854	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()
lame and	lame and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
08-A CA	FREDERICK PITAL CIRCLE SSEE, FL 323	S.E.		
	e named entity e of Florida.	submits this statement for the	purpose of changing its reg	gistered office or registered agent, or both
n the Stat	e of Florida. [*] RE:			
i the Stat	e of Florida. RE: Electro	nic Signature of Registered Aç	gent	Date
n the Stat SIGNATU	e of Florida. [*] RE:	nic Signature of Registered Aç	gent	pistered office or registered agent, or both Date IANGES TO OFFICERS AND DIRECTO
n the Stat SIGNATU DFFICER itle: lame: ddress:	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Aç CTORS:) Delete DERICK E L CIRCLE S.E.	gent	Date
n the Stat SIGNATU	e of Florida. RE: Electro S AND DIREC D (TURNER, FRE 508-A CAPITA TALLAHASSEE	nic Signature of Registered Actions:) Delete DERICK E L CIRCLE S.E. E, FL 32301) Delete JG L CIRCLE S.E.	gent ADDITIONS/CH Title: Name: Address:	Date IANGES TO OFFICERS AND DIRECTO

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: FREDERICK TURNER D 04/10/2009