2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

NAME STREET ADDRESS CITY-ST-ZIP NAME RUBSET D. REED P. G. B < 43] CITY-ST-ZIP HATSFICLO, P.A. 19440	For licable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4032007 Chg-NP CR2E037 (12/06) City & State City & State City & State City & State Country Country S. Certificate of Status Desired Status Desired 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 Status Desired agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. Signature, typed or pirited name of registered agent and title if applicable. (NOTE: Registered Agent agrature required when reinstatory) DATE Filling Fee is \$61.25 Due by May 1, 2007 State Industry Applied Interest Desired City State Interest Desired Agent agrature required when reinstatory) DATE Filling Fee is \$61.25 Due by May 1, 2007 State Interest Desired Agent agrature required when reinstatory) DATE Filling Fee is \$61.25 Due by May 1, 2007 State Industry Applied Interest Desired Agent Agent agrature required when reinstatory) DATE Filling Fee is \$61.25 Due by May 1, 2007 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Date Applied Interest Desired Agent Applied Interest Desired Agent Applied Interest Desired Agent Applied Interest Desired Agent Ap	For licable
City & State Country Country Country Country Example of Status Desired \$8.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name CARY, DAVID E 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 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. Lam lamiliar with, and as the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Contribution. DATE Trust Fund Contribution. Delete IIILE MAME SIREET ADDRESS CITY-SI-ZIP HATS FILLO, PA. 19496 Applied T. Applied to State Applied to State Applied to Page 1 and State Applied to Pag	licable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARY, DAVID E 2121 VISTA PARKWAY WEST PALM BEACH, FL 33411 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 lamiliar with, and as the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 Due by May 1, 2007 Delate IIILE North PALM Street Address (P.O. Box Number is Not Acceptable) North Palman Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DATE Filling Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution.	licable
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or direction on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certifiy that I am an officer or direction of the exemption of the exemp	Addition

12. I hereby 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 appurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TOBERT

4-14-07 (2/5)36/-1724 Date Dayline Phone #