2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008734

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
	ILLIAMS AVENUE EW, FL 32536	
Current M	Mailing Address:	New Mailing Address:
	ILLIAMS AVENUE EW, FL 32536	
El Number	: FEI Number Applied Fo	() FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
SHAW, CI	DAIC	
20 W. W	RAIG ILLIAMS AVENUE EW, FL 32536 US	
20 W. W CRESTVIE	ILLIAMS AVENUE EW, FL 32536 US	or the purpose of changing its registered office or registered agent, or both,
20 W. W CRESTVIE	ILLIAMS AVENUE EW, FL 32536 US e named entity submits this statement t e of Florida. RE:	
20 W. W CRESTVIE The above In the State BIGNATU	ILLIAMS AVENUE EW, FL 32536 US e named entity submits this statement to the e of Florida. RE: Electronic Signature of Register	ed Agent Date
20 W. W CRESTVIE The above In the State BIGNATU	ILLIAMS AVENUE EW, FL 32536 US e named entity submits this statement t e of Florida. RE:	
20 W. W CRESTVIE The above In the State BIGNATU	ILLIAMS AVENUE EW, FL 32536 US e named entity submits this statement to the e of Florida. RE: Electronic Signature of Register	ed Agent Date
20 W. W. W. CRESTVIE he above in the State SIGNATUI DFFICER ittle: lame: ddress:	ILLIAMS AVENUE EW, FL 32536 US e named entity submits this statement to e of Florida. RE: Electronic Signature of Registe S AND DIRECTORS: D () Delete SHAW, FOY 339 ADAMS DRIVE	ed Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: CRAIG SHAW 04/29/2009 D