## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



Principal Place of Business   4400 WEST SAMPLE ROAD STE 200   COCONUT CREEK, FL 33073-3450    2. Principal Place of Business - No P.O. Box #   3. Mailing Address   4400 WEST SAMPLE ROAD STE 200   COCONUT CREEK, FL 33073-3450    2. Principal Place of Business - No P.O. Box #   3. Mailing Address    Suite, Apt. #, etc.    City & State    Country    Zip    Country    South, Apt. #, etc.    Country    Country    South, Apt. #, etc.    South, Apt. #, etc.    Country    S	For licable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O2192007 Chg-NP CR2E037 (12/06)  City & State  City & State  City & State  4. FEI Number  Status Desired  \$8.75 Additions  \$1. Name and Address of New Registered Agent  Name  Name  Streel Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$61.25  Due by May 1, 2007  Delete  TILE  DP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  DP  NAME  REER, T.R.	For licable
City & State  A FEI Number  5. Certificate of Status Desired   \$8.75 Applied   Not App	ficable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additiona Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  MINTO ARTESIA, LLC ATTN: HARRY L. POSIN 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450  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 familiar with, and a the obligations of registered agent.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2007  9. Election Campaign Financing Added to Fee Trust Fund Contribution. Added to Fee Added to Fee Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE DP BEER, T.R.	ficable
Country  Country  Country  5. Certificate of Status Desired	1
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ATTN: HARRY L. POSIN 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450  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 familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tide if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE  Filling Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.  Delete  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  NAME  PD  K Change	ccept
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TITLE DP Delete TITLE PD X Change \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	
NAME BEER, T.R. NAME	
CITY-ST-ZIP COCONUT CREEK, FL 330733450 CITY-ST-ZIP	Addition
TITLE DV Delete TITLE STD Change C  NAME GUADAGNO, CORY  STREET ADDRESS 4400 WEST SAMPLE ROAD STE 200  CITY-ST-ZIP COCONUT CREEK, FL 330733450  STREET ADDRESS CITY-ST-ZIP	Addition
TITLE DST Delete TITLE VD Change NAME  NAME STEELMAN, MICHELLE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 330733450  TITLE VD NAME NAME STREET ADDRESS CITY-ST-ZIP  TO CHANGE	Addition
TITLE         Delete         TITLE         Change         Change <td>Addition</td>	Addition
TITLE         Oelete         TITLE         Change            NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	Addition
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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	l l

indicated on this report or supplemental report is true and accurate 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.