2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009151

Title:

Name:

Address:

City-St-Zip:

EX.D

CULLEN, CARMAN

910 EAST DIXIE AVE.

LEESBURG, FL 34748 US

() Delete

FILED Jan 18, 2007 Secretary of State

Entity Na	me: EFLC-II, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	DIXIE AVENUE G, FL 34748			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	DIXIE AVENUE G, FL 34748			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	: Name and Address of	New Registered Agent:	
308 EAST	ER, JOSEPH N FIFTH AVE. IORA, FL 32757 US			
	named entity submits this statement for the of Florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ODOM, MARGO P.O. BOX 490048 LEESBURG, FL 34749 US	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete SEABROOK, ALLAN 19010 US HWY 441 MOUNT DORA, FL 32757 US	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete BLANKENSHIP, SCOTT 17526 COBBLESTONE LANE CLERMONT, FL 34711 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR () Delete BOWERSOX, RICHARD 3928 WOODPECKER DRIVE FRUITLAND PARK, FL 34731 US	Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGO ODOM Ρ 01/18/2007

() Change () Addition