2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 8:00 am Secretary of State

1. Entity Nam	# N06000009 CE COVENANT C	:				-26-2008 9	-							
Principal Place 4700 SW 186 SOUTHWEST	B AVE		175 S	lailing Address 175 SW 166TH AVE PEMBROKE PINES, FL 33027										
	SW,	ness - No P.O. Box # /88 Ave.	125	3. Mailing Address / 25 5W /66+4 Are. Suite, Apt. #, etc.				02272008 _{Ct}	ng-NP	.,,,	:037 (12/			
City & State		Ranches	City	City & State Pembroke Pines				4. FEI Number NOT APPLI	CABLE				lied For Applicable	
Zip	332	Country USA	FL Zip	33027	Cou	untry USA	1	5. Certificate of Sta		E.	\$8.75 Fee Re	Addi	tional	
6. Name and Address of Current Registered Agent CHU, BENJAMIN B							7. Name and Address of New Registered Agent Name							
175 SW 16 PEMBROK	6TH AVE						Street Address (P.O. Box Number is Not Acceptable)							
		City				F	Zip	Code						
		y submits this statement for	or the purpo:	se of changing its	registere	ed office or re	egistere	ed agent, or both, in	the State of Flo	xida. I a	m familiar	with, a	ind accept	
the obligations of registered agent. SIGNATURE Begistered Agent signature required when reinstating) DATE On the obligations of registered agent. March 12, 2008 DATE														
Filing Fee is \$61.25 9. Election Ca Due by May 1, 2008 Trust Fund						paign Financing		\$5.00 May Be Added to Fees			eck payal artment			
10.	DP	OFFICERS AND DI	RECTORS	ORS 11.		F	Δ.	ADDITIONS/CHANGE	S TO OFFICE	RS AND I	DIRECTOR		IO Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CHU, BEN 175 SW 1	NJAMIN B 66TH AVE KE PINES, FL 33027		C Delete	NAME STREET ADDRES CITY-ST-ZIP							go		
TITLE NAME STREET ADDRESS		IAPSODY ROAD				EET ADORESS					☐ Cha	inge	☐ Addition	
CITY-ST-ZIP	COOPER	CITY, FL 33026		⊠ Delete	CITY	'-ST-ZIP	DS				5 ≨ Cha	nae	☐ Addition	
NAME - STREET ADDRESS CITY-ST-ZIP	SUNG, HS 13879 SW DAVIE, FL		NAME STREET ADDRESS CITY-ST-ZIP		TSA 100 Pla	ri, Shih Fu 160 NW <u>Intation, P</u>	e 3rd st. :L 3332	4						
TITLE NAME STREET ADDRESS	DT CHEN, JC 13862 SW	OHNNY V 39TH STREET		☐ Delete	TITLE NAMI STRE	£	,				☐ Cha	nge	Addition	
CITY-ST-ZIP	DAVIE, FL					-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							∐ Cha	nge	☐ Addition	
TITLE				☐ Delete	THTLE	E		,			☐ Cha	nge	Addition	
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP							į	
12. I hereby certify that the information supplied with this filling 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 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.													r director	
SIGNATURE: Benja-B. Chu March 12, 2008 SIGNATURE DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davismo Prone #														