2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Jan 29, 2007 8:00 am Secretary of State

1. Entity Name SUWANN	MENT # N06000017 EE ROLLING PINES HOM TION INC.		s'			N	01-29-2007	_			
672 E. DUVAL ST. 672			ng Address 2 E. DUVAL ST. E CITY, FL 32055				บบบบบบบา				
2. Principal Pl	tace of Business - No P.O. Box #	3. Mailing	Address				DITA OURH BUEST OURST F	101 10131 11101 110	II 4 112 4 14121 1 11	HALI ALIAALI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-NP	CR2E03	7 (12/06)			
City & State		City & State			4. FEI Number	20-829	14163	<u>-</u>	plied For t Applicable		
Zip	Zip Country		Zip C		intry		f Status Desired	;	8.75 Add	litional	
	6. Name and Address of Current	Registered A	\gent			7. Name and A	ddress of New		·		
KHACHIGA	AN MARTHA I				Name			· · · ·	-		
KHACHIGAN, MARTHA J 672 E. DUVAL ST. LAKE CITY, FL 32055					Street Address (P.O. Box Number is Not Acceptable)						
	.,. = =====										
					City			FL	Zip Code	е	
	named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent.			-		istered agent, or both	, in the State of F	-iorida, i am t	amiliar with,	and accept	
	Signature, types or printed matter of registered agent	and little if applicat	e. (NOTE	: Registered	d Agent signature red	quired when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	and title if applicat	9. Election Can Trust Fund C	npaign F	inancing _	spired when reinstating) \$5.00 May Be Added to Fees	Fic	Make check			
10.	Filing Fee is \$61.25		9. Election Can	npaign F	inancing		Fic	Make check orlda Depart	ment of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Can	npaign F Contributi 11. TITLE NAMI	Financing ion.	\$5.00 May Be Added to Fees	Fic	Make check orlda Depart	ment of St	tate	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI D KHACHIGAN, MARTHA JO 362 N.W. STREAMSIDE CT.		9. Election Carr Trust Fund C	npaign F Contributi 11. TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E TADDRESS -ST-ZIP E	\$5.00 May Be Added to Fees	Fic	Make check orlda Depart	ment of SI	tate	
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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 suppliemental 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.

SIGNATURE:

Sue D'Lane SILLE D Lane Sue D. Lane
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-25-07

<u> 386-752-4339</u>