2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06273

FLUS FOUNDATION, INC.

FILED Jan 31, 2006 Secretary of State

Entity Nai	me: ELLISTO	JUNDA	ION, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
34 W. OR/ TARPON S	ANGE ST. SPRINGS, FL	34689	US			
Current Mailing Address:				New Mailing Address:		
	FICE BOX 187 SPRINGS, FL		US			
FEI Number	: 59-2471638	FEI N	umber Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()
Name and	l Address of (Current	Registered Agent:	Name and	Address of	New Registered Agent:
	NALD R 5. HWY.19 NOI ATER, FL 337					
	named entity e of Florida.	submits	this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bot
SIGNATUI	RE:					
	Electro	nic Signa	ature of Registered Ag	ent		Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (GIBSON, STAN 5012 WESLEY TAMPA, FL 33	DRIVE	₹.	Title: Name: Address: City-St-Zip:	,	() Change () Addition
Title: Name: Address: City-St-Zip:	CD (MARTIN, CARO P. O. BOX 129 TARPON SPRI	1	34688	Title: Name: Address: City-St-Zip:	•	() Change () Addition
Title: Name: Address: City-St-Zip:	DV (THOMPSON, J 1221 E. TARPO TARPON SPRI	ON AVENU		Title: Name: Address: City-St-Zip:	,	() Change () Addition
Title: Name: Address: City-St-Zip:	ST (RISTORCELLI P. O. BOX 187 TARPON SPRI	9	34688	Title: Name: Address: City-St-Zip:	RISTORCELI P. O. BOX 18	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: Citv-St-Zip:	HIMONETOS P.O. BOX 18	

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.

SIGNATURE: CAROL E. MARTIN CD 01/31/2006