2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

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1. Entity Nan	AND AVENUE CONDOMINI	F		(04-23-2008	-				
627 ADAMS	ce of Business AVE. /ERAL, FL 32920	Mailing Address 627 ADAMS AVE. CAPE CANAVERAL, FL 3.	2920 .							
2. Principal F	Place of Business - No P.O. Box # # Woodland Ave # 1	3. Mailing Address	st. 5t.							
Suite, Apt.		Suite, Apt. #, etc.				Chg-NP	CR2E03	7 (12/06)		
City & Stat	a Beach, I-L	Cocoa Be		7	4. FEI Number 26 - 07	54770		N	pplied For ot Applicable	
329	31 Brevard	32931	Country Brevar	rd	5. Certificate of	Status Desired		8.75 Ad ee Require		
6. Name and Address of Current Registered Agent					7. Name and Ad	Idress of New R	egistered A	gent		
MOSLEY, CURTIS R. ESQ 1221 E. NEW HAVEN AVE.				Name Street Address (P.O. Box Number is Not Acceptable)						
	RNE, FL 32901			· · · · ·			<u> </u>			
			City				FL	Zip Coo	le	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or	registere	ed agent, or both, i	n the State of Flo		miliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to the control of the co										
a ·	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: f	Registered Agent signatur	re required s	when reinstating)		DATE	 -		
- A	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be		ake check			
- A	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing [\$5.00 May Be Added to Fees	Flor	ake check Ida Departi	ment of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flor	ake check Ida Departi RS AND DIR	ment of S	tate	
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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 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.

SIGNATURE:

SIGNATURE

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