

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 02, 2008 8:00 am  
Secretary of State**

04-02-2008 90019 045 \*\*\*\*70.00

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DOCUMENT # N07000004346		
1. Entity Name ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 36		

Principal Place of Business 1348 WEST INTERNATIONAL SPEDWAY BLVD DAYTONA BEACH, FL 32114	Mailing Address 1348 WEST INTERNATIONAL SPEDWAY BLVD DAYTONA BEACH, FL 32114
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2. Principal Place of Business - No P.O. Box # 1348 W. International	3. Mailing Address P.O. Box 633
Suite, Apt. #, etc. Speedway Boulevard	Suite, Apt. #, etc.

City & State Daytona Beach, FL	City & State Callahan, FL
Zip 32114	Zip 32011
Country USA	Country USA

6. Name and Address of Current Registered Agent  MATHIS, KELLY B ESQ. 50 NORTH LAURA STREET STE 1700 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, JOHNNY E 890 A1A BEACH BLVD #74 ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duncan, Johnny E P.O. Box 633 Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, DONALD 8809 TOWNSGUARD DRIVE SOUTH JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummings, Donald 8809 Townsquare Drive South Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, JERRY 2826 WATERVIEW CIRCLE JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 3/23/08 (904)669-5426  
Daytime Phone #