2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004651

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|---|---|--|---|---|
| | RAMAR AVE TIC, FL 32903 | 3 | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| | RAMAR AVE TIC, FL 32903 | 3 | | |
| FEI Number | : 20-8826707 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| | RAMAR AVE | | | |
| The above | TIC, FL 32903 e named entity e of Florida. | | purpose of changing its registere | ed office or registered agent, or both, |
| The above | e named entity e of Florida. | | purpose of changing its registere | ed office or registered agent, or both, |
| The above | e named entity e of Florida. RE: | | | ed office or registered agent, or both, Date |
| The above in the Stat SIGNATU | e named entity e of Florida. RE: | submits this statement for the | ent | |
| The above in the Status SIGNATU OFFICER Title: Name: Address: | e named entity e of Florida. RE: Electron | submits this statement for the nic Signature of Registered Age TORS:) Delete ELD 11A | ent | Date |
| The above in the Stat SIGNATU | e named entity e of Florida. RE: Electron S AND DIREC P (ALSHAIBI, RAE 3101 N HWY A INDIALANTIC, | submits this statement for the nic Signature of Registered Age TORS:) Delete ELD1A FL 32903) Delete JACQUELINE IAR AVE | ent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE MCPHILLIPS VΡ 04/13/2009