2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010906

FILED Mar 25, 2009 Secretary of State

| | | | s, INC. | | |
|---|--|---|--|---------|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| SUITE 601 | RMANDY BL' 1 IVILLE, FL 32 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| SUITE 601 | RMANDY BL' 1 IVILLE, FL 32 | | | | |
| FEI Number | : 26-1392615 | FEI Number Applied For () | FEI Number Not Applicable () Certificate of Status Desired | () | |
| Name and | d Address of | Current Registered Agent: | Name and Address of New Registered Agent: | | |
| The above | NVILLE, FL 32 | | purpose of changing its registered office or registered agent, o | r both, | |
| | | | | | |
| SIGNATUI | | onic Signature of Registered A | gent Date | | |
| | | onic Signature of Registered A | gent Date ADDITIONS/CHANGES TO OFFICERS AND DIR | ECTOR | |
| OFFICER: Title: Name: Address: | Electrons S AND DIRECT D (FARAH, MICH 10250 NORM | CTORS: | | ECTOR | |
| | Electron S AND DIRE D (FARAH, MICH 10250 NORM JACKSONVIL D (FARMAND, M 4221 SAN SE | CTORS:) Delete HAEL L ANDY BLVD. SUITE 601 LE, FL 32221 | ADDITIONS/CHANGES TO OFFICERS AND DIR Title: () Change () Addition Name: Address: | ECTOR | |
| OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: | Electron S AND DIRE D (FARAH, MICH 10250 NORM JACKSONVIL D (FARMAND, M 4221 SAN SE JACKSONVIL D (MILLS, BILLY 5730 FISHING | CTORS: 1) Delete HAEL L HANDY BLVD. SUITE 601 LE, FL 32221 1) Delete HUSA 1: SERVERA DR. N. LE, FL 32217 1) Delete | ADDITIONS/CHANGES TO OFFICERS AND DIRECTION OF TITLE: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: HONE, LINDA Address: 4184 PINE ROAD | ECTOR | |

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: MARSHA SPICER S 03/25/2009