2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008401

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: 7005 RIVERGATE AVENUE TAMPA, FL 33637 US Current Mailing Address: 7013 RIVERGATE AVENUE TAMPA, FL 33637 US Current Mailing Address: 7015 RIVERGATE AVENUE TAMPA, FL 33637 US Row Mailing Address: 7016 RIVERGATE AVENUE TAMPA, FL 33637 US FEI Number: 26-4262845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, LISA A 7005 RIVERGATE AVENUE TAMPA, FL 33637 US 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. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: D () Delete Name: ROBINSON, LISA A Address: 7005 RIVERGATE AVENUE City-St-Zip: TAMPA, FL 33637 US Title: D () Delete Name: MEGGISON, MICHAEL Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Change () Addition Name: City-St-Zip: TAMPA, FL 33637 US						
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TAMPA, FL 33637 US TAMPA, FL 33637 US TAMPA, FL 33637 US FEI Number: 26-4262845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: ROBINSON, LISA A 7005 RIVERGATE AVENUE TAMPA, FL 33637 US 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. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: D () Delete Title: () Change () Addition Name: Address: 7005 RIVERGATE AVENUE Address: City-St-Zip: TAMPA, FL 33637 US City-St-Zip: Title: D () Delete Address: G901 RIVERGATE AVENUE Address: City-St-Zip: TAMPA, FL 33637 US City-St-Zip:	7005 RIVERGATE AVENUE			New Mailing Addres	7013 RIVERGATE AVENUE	
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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: LISA ROBINSON DIR 04/16/2009