2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10008

FILED Mar 19, 2006 Secretary of State

82762 OVERSEAS HWY ISLAMORADA, FL 33036 Current Mailing Address: PO BOX 2053 ISLAMORADA, FL 33036 FEI Number: 65-0031272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, LISA 169 PLANTATION SHORES DRIVE ISLAMORADA, FL 33036 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 DIRECTOR Title: PD () Delete Name: SPILLIS, PETER Address: 13632 DEERING BAY DR Address: City-St-Zip: ISLAMORADA, FL 33036 Title: VSTD () Delete Name: WHITLAM, JOSEPH Name: Address: () Change () Addition Name: Address: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: Address: () City-St-Zip: Title: () Change () Addition Name: Address: Address: () City-St-Zip: Title: () Change () Addition Name: Address: Address: () City-St-Zip: Title: () Change () Addition Name: Address: Address: () City-St-Zip: Title: () Change () Addition Name: Address: Address: () City-St-Zip: Title: () Change () Addition Name: Address: Address: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Address: () City-St-Zip: Address: () City-St-Zip: City-St-Zip: Address: () City-St-Zip: City-St-Zip: Address: () City-St-Zip: City-St-Zip: City-St-Zip: Address: () City-St-Zi		VIII. 77 1 4 1 4	5000		ocorciary or otate
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PO BOX 2053 ISLAMORADA, FL 33036 FEI Number: 65-0031272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: HARRIS, LISA 168 PLANTATION SHORES DRIVE ISLAMORADA, FL 33036 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	Current Principal Place of Business:			New Principal Place o	of Business:
PO BOX 2053 ISLAMORADA, FL 33036 FEI Number: 65-0031272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: HARRIS, LISA 168 PLANTATION SHORES DRIVE ISLAMORADA, FL 33036 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					
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Name and Address of Current Registered Agent: HARRIS, LISA 169 PLANTATION SHORES DRIVE ISLAMORADA, FL 33036 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: PD () Delete Title: () Change () Addition Name: SPILLIS, PETER Name: Address: City-St-Zip: MIAMI, FL 33158 City-St-Zip: Title: VSTD () Delete Title: () Change () Addition Name: WHITLAM, JOSEPH Name: Address: City-St-Zip: ISLAMORADA, FL 33036 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: Name: Address: Name: ANDERSON, WILLIAM Name: Address: PO BOX 68 Address:			36		
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169 PLANTATION SHORES DRIVE ISLAMORADA, FL 33036 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	Name and	d Address of (Current Registered Agent:	Name and Address of	New Registered Agent:
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I hereby certify that the information supplied with this filing does not qualify for the 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: JOE WHITLAM VSTD 03/19/2006