## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNONG OFFICER OR DIRECTOR

## FILED Mar 31, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N11551		03	3-31-2008 9	00020 041 ****6	1.25		
Principal Place of Business Mailing Address 1171 COUNTRY CLUB DR PO BOX 5027 TITUSVILLE, FL 32780 US TITUSVILLE, FL 327			5027 US	THE THE			Ikii <b>ai a</b> i 1 <b>88</b> 3	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 CH	ng-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-264846	9	<u> </u>	oplied For	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	Name (1)	7. Name and Add	ress of New R	egistered Agent		
	& COLLINS ASSOCIATIES, IN COLLINS	C.	Street Address	LEAUS MEALS ss (P.O. Box Numberial	Not Acceptable			
512 SOUT	H BLVD EAST NY, FL 32063		DENA 1171 S		COTH GTH STREET			
			City WA	CCLENIN		FL Zuco	9017	
8. The above the obligate SIGNATURE	named entitive ubmits this statement to tions of registered agent.	or the purpose of changing its r	egistered office or regis		the State of Flo	rida. I am familiar with.	_	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE /		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		ake check payable t da Department of S		
10.	Due by May 1, 2008 OFFICERS AND DIE	Trust Fund Co	ontribution.	Added to Fees	Flor	da Department of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Co	ontribution.	Added to Fees	Flor	da Department of S	tate	
TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DIE  CLINE, ARTHUR  4010 COQUINA AVE TITUSVILLE, FL  PD  SCHUTZ, FEDDRICK W  1061 COUNTRY CLUB DRIVE	Trust Fund Co	11.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Added to Fees	Flor	da Department of S	tate	
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