2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 13, 2004 8:00 am Secretary of State 04-13-2004 90012 017 ****70.00

1. Entity Nam	MENT # N13487	RPORATED .			
Principal Place 1936 FREED MELBOURNE	OM DRIVE	Mailing Address 1936 FREEDOM DRIVE MELBOURNE, FL 32940	-		
.2. Principal P	lace of Business	3. Mailing Address		S FILKWER DER KREUE FIRM GELER FORM HERE EIDEN EIDEN EILEN, DERN EINEN EIDENE EIDEN EINEN EILEN EILEN EILEN EI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04062004 Chg-NP CR2E037 (10/03)	
City & State	e	City & State	·	4. FEI Number Applied For 59-2652580 Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired XX \$8.75 Additional Fee Required	-
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
WAYBRIGHT, CYNTHIA A 1936 FREEDOM DRIVE MELBOURNE, FL 32940		Name Street Address (P.O. Box Number is Not Acceptable)			
i .			City .	. FL Zip Code	
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and acce	ept
SIGNATURE.					
	Signature, typed or printed name of registered agent and	d title it applicable. (NOTE: F	Registered Agent signatur	tre required when reinstating) DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Make check payable sto Fees Thiorida Department of State	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attagrament with an address, with all other like empowered.

FICER OR DIRECTOR

Cynthia A. Waybright 4/7/04 321-255-6000