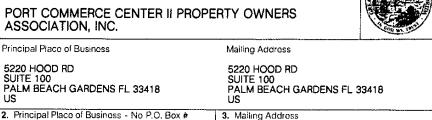
2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N14733

1. Entity Name

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FILED Apr 16, 2007 08:00 AM Secretary of State



3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0036585 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAETA, LOUIS A., JR. 5220 HOOD RD S Street Address (P.O. Box Number is Not Acceptable) SUITE 100 PALM BEACH GARDENS FL 33418 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DHE PTD TITLE ☐ Defete ☐ Change Addition NAME NAME U00000712354 04/26/07-80043-024 61.25 GAETA, LOUIS A., JR. STREET ADDRESS STREET ADDRESS 5220 HOOD RD SUITE 100 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME CROMWELL, HENRY F. NAME STREET ADDRESS 905 US HWY 1 SUITE G STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP WEST PALM BEACH FL 33403 TITLE ☐ Delete TOU ☐ Change Addition NAME NAME D'ANGELO, DENNIS STREET ADDRESS STREET ADDRESS 211 WEST SEAVIEW DR. CITY - ST- 7IP CITY-ST-ZIP DUCK KEY FL 33050 HTU ☐ Delete Change HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-S3-7IP HILE Delete DHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7(P CITY+ST-ZIP HTEE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal 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 attachment with an address, with all other tike empowered.

SIGNATURE: