## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15741

FILED Jul 05, 2006 Secretary of State

Current P	Principal Place of Business:	New Principal Place of Business:
	ILROAD AVE ONIO, FL 33576 US	
Current N	Mailing Address:	New Mailing Address:
	SUDE JOE ROAD TY, FL 33525 US	C/O RICHARD CHRISTMAS PO BOX 986 SAN ANTONIO, FL 33576 US
	: 59-2718789 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
	nce with s. 607.193(2)(b), F.S., the corporation did Address of Current Registered Agent:	•
2349 CU	ER, TERRY RLEY ROAD ONIO, FL 33576 US	
	ONIO, 1 E 33370 GG	
he above	•	ne purpose of changing its registered office or registered agent, or bot
he above	e named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or bot
he above the Stat	e named entity submits this statement for the of Florida.	
The above In the Stat	e named entity submits this statement for the e of Florida.	
The above the State SIGNATU  DFFICER  ittle: lame: ddress:	e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered	Agent Date
The above in the Stat SIGNATU	e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  PD () Delete GUDE, MIKE 33101 ST. JOE ROAD	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:
The above the State SIGNATU  DFFICER  ittle: lame: ddress: itty-St-Zip: lame: ddress:	e named entity submits this statement for the of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  PD () Delete GUDE, MIKE 33101 ST. JOE ROAD DADE CITY, FL 33526  VPD () Delete CHRISTMAS, RICHARD 12834 CHRISTMAS DRIVE	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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: MIKE GUDE PD 07/05/2006