2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N16213

1. Entity Name



FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90095 040 ****61.25

		4550CIATION	i, iivo.						
	e of Business Antic Avenue H Shores, FL 32118		ailing Address 1023 S. ATLANTIC AVENUE NAYTONA BCH SHORES, FL 32118						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Addres	SS						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272007 CI	ng-NP CR2E	037 (12/06)		
City & State		City & State			4. FEI Number Applied For 59-2770532 Not Applicable				
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired			litional	
	6. Name and Address of Current	Registered Agent	······································		7. Name and Add	ress of New Registere			
MADD MANOLOW				Name					
	LANTIC AVE 801 BEACH, FL 32118			Street Address	(P.O. Box Number is f	Not Acceptable)			
				City		F	L Zip Cod	e	
	named entity submits this statement for ions of registered agent.	r the purpose of cha	nging its register	ed office or registe	ered agent, or both, in	the State of Florida. I ar	m familiar with,	and accept	
the obligation	wild or registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent aignature require	rd when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Elec	9. Election Campaign Financing Trust Fund Contribution.		\$5.00	Make che	ck payable t	_ •	
	Due by May 1, 2007	Trus			\$5.00 May Be Added to Fees		artment of Si		
10.	OFFICERS AND DIF			on.	Added to Fees		artment of Si	tate	
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TITLE NAME	OFFICERS AND DIF	RECTORS	st Fund Contribut 11. lete Titul	in i	Added to Fees	Florida Dep	DIRECTORS IN	tate	
TITLE	OFFICERS AND DIF	RECTORS	11. Interest Fund Contribut	on.	Added to Fees	Florida Dep	DIRECTORS IN	tate	
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Inereby certify that the information supplied with misfling does not quality for the exemptions contained in Chapter 119, Horida 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 attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: Windle a Wark Windlow Hukard Jr.	4/27/07	386 763-9394