## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17794

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	•			•		
21045 CO	MGMT.CO. MMERCIAL TF ATON, FL 3348					
Current Mailing Address:			New Mail	New Mailing Address:		
21045 CO	MGMT.CO. MMERCIAL TF TON, FL 3348					
El Number	r: 65-0043685	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	d Address of (	Current Registered Agent:	Name and	l Address of	New Registered Agent:	
WILLIAM K. ISAACSON, 21045 COMMERICAL TRAIL BOCA RATON, FL 33486 US			21045 CO	ISAACSON, WILLIAM K AGENT 21045 COMMERICAL TRAIL BOCA RATON, FL 33486 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATURE: WILLIAM K. ISAACSON				03/26/2009		
	Electron	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Jame: Address: City-St-Zip:	PD ( LIPMAN, KENN 3643 PRINCET BOCA RATON,	ON PLACE	Title: Name: Address: City-St-Zip:	PD ( LIPMAN, KEN 3643 PRINCE BOCA RATOI	ETON PLACE	
ītle: lame: lddress: City-St-Zip:	VPD ( GOODMAN, BA 5297 PRINCET BOCA RATON,	ON WAY	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
itle: lame: .ddress: city-St-Zip:	D ( MICHELIN, LOI 5258 PRINCET BOCA RATON,	ON WAY	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
itle: lame: lddress:	STD ( CARROLL, RIC 5281 PRINCET BOCA RATON,	ON WAY	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
City-St-Zip:						

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH W. LIPMAN PD 03/26/2009