2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22795

FILED Apr 24, 2008 Secretary of State

Entity Name: ALTAMONTE SPRINGS CITY EMPLOYEES ORGANIZATION, INC.

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|----------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------|-------------|
| | URYPORT AV TE SPRINGS, | | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| | URYPORT AV TE SPRINGS, | | | | | | | |
| FEI Number: | 59-2848368 | FEI Number Applied For (|) FEI Nui | mber Not Appl | icable () | Certificate | of Status Desi | red() |
| Name and | Address of C | urrent Registered Age | nt: | Name and | Address of | New Regis | stered Agent | : |
| 225 NEWB | ROXANA SCI URYPORT AV TE SPRINGS, | | PT | | | | | |
| The above in the State | | submits this statement fo | r the purpose o | of changing i | ts registered | office or re | gistered agen | t, or both, |
| SIGNATUR | RE: | | | | | | | |
| | Electron | ic Signature of Register | ed Agent | | | D | ate | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: Title: Name: Address: | EL-KHOURY, M 225 NEWBURY ALTAMONTE SE VP () ACOSTA, RICH/ 225 NEWBURY | PORT AVE PRINGS, FL 32701 Delete ARD PORT AVE | | Title: Name: Address: City-St-Zip: Title: Name: Address: | ACOSTA, RIC 225 NEWBUR ALTAMONTE : VP (X POLACHECK, 225 NEWBUR | YPORT AVE SPRINGS, FL X) Change(MATTHEW YPORT AVE | 32701) Addition | |
| City-St-Zip: Title: Name: Address: City-St-Zip: | S () GALLAGHER, F 225 NEWBURY | | | City-St-Zip: Title: Name: Address: City-St-Zip: | S () EL-KHOURY, 225 NEWBUR ALTAMONTE: | X) Change(MARIE YPORT AVE |) Addition | |
| Title: Name: Address: City-St-Zip: | SCHUSTER, WA 225 NEWBURY | | | Title: Name: Address: City-St-Zip: | (|) Change(|) Addition | |
| Title: Name: Address: City-St-Zip: | ROWLAND, GA 225 NEWBURY | | | Title: Name: Address: City-St-Zip: | (|) Change() |) Addition | |
| Title: Name: Address: City-St-Zip: | KOUDELKA, VE 225 NEWBURY | | | Title: Name: Address: City-St-Zip: | (|) Change() |) Addition | |

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: WALESKA R SCHUSTER T 04/24/2008