2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N24366

FILED Apr 14, 2008 8:00 am Secretary of State

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Principal Place of Business 16 105 N FLA AVE. STE. A LUTZ, FL 33549-6161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sutia, Apt. #, etc.	<u> </u>		S' ASSOCIATION, IN	NC.		}				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1222008 Chg-NP CR2E037 (12/06) City & State Country Zip Country S. Certificate of Status Desired \$3.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602 Sireet Address (P.O. Box Number is Not Acceptable) [80] N. H (Sh\ample MA Aque City Tampa FL Zip Code 33602 8. The above named entity submits this statement for the purpose of changing its registered diffice 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 portion have of registered agent and site if acadetate. (NOTE: Registered Agent sepature required who revisatory) DATE Filling Fee Is \$61.25 Due by May 1, 2008 Signature, typed or portion have of registered agent and site if acadetate. (NOTE: Registered Agent sepature required who revisatory) DATE FILING Fee Is \$61.25 Due by May 1, 2008 Find Department of State 10. OFFICERS AND DIRECTORS IN 10 TITLE NAME MAKE NAME MAKE Signature Registered Agent sepature required who revisatory) DATE Change Addition NAME Signature Registered Agent sepature required who revisatory) DATE Change Addition NAME Signature Registered Agent sepature required who revisatory) DATE FILING Fee Is \$61.25 Due by May 1, 2008 Find Department of State Date Change Addition NAME Signature Registered Agent Name Added to Fee Signature Registered Agent Signature Registered Agent Signature Registered Agent Signature Register	16105 N FLA. AVE. Ste. A		16105 N FLA. AVE. STE. A	61				11 (M.1.11.11 M.1.11 .11 M.1.11 .11	****	Maria de la como de la
City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602 Street Address (P.O. Box Number is Not Acceptable) [80 N. H (3 h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
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S. Certificate of Status Desired Fee Required	City & State		City & State				559			
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602 Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip C		Count	untry 5 Certificate of Status Desired \$8.75 Additional					
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602 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 SIGNATURE SIGNATURE SIGNATURE FILING Fee Is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Delete INCE PD MAKE MULCHANDANI, ISHWAR SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 TITLE Delete NAME SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 TITLE Delete NAME SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 Delete TITLE Delete NAME SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 Delete TITLE Delete NAME SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 Delete TITLE Delete TITLE D Change Addition MAKE SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 Delete TITLE DAMS KEENER, PERRY SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P LUTZ, FL 33549 Delete TITLE D Change Addition NAME SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P TITLE D Change Addition NAME SIREET ADDRESS 16105 N FLORIDA, #A CITY-ST-2P TITLE D Change Addition NAME SIREET ADDRESS 16105 N FLORIDA, #A SIREET ADDRESS 16105 N FLORIDA SIREET ADDRESS 16105 N FLORIDA SIREET ADDRESS 16105	6. Name and Address of Current Registered Agent					7. Name and Ad	ddress of New i	Registered Ag	gent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	MEZER S	RTEVEN			Name					
1801 N. H(3h)and Ave	220 S FRANKLIN				Street Address	(P.O. Box Number i	is Not Acceptabl	le)		
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 SIGNATION SIGNATURE SIGNATUR		_ 0000_				1.Hishla	nd Au	e		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: Signature: Note: Post Po				City To		npa		FL	Zip Cod	6 33602.
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE NAME STREET ADDRESS 16105 N FLORIDA, #A STREET ADDRESS CITY-ST-ZIP TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D Change Addition NAME KONTA, JACK STREET ADDRESS 16105 N FLORIDA, #A STREET ADDRESS 16105 N FLORIDA, #A STREET ADDRESS STREET ADDR			rt and title if applicable. (NC	DTE: Registered A	igeni signature require	ed when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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.

CITY-ST-ZIP

SIGNATURE:

LUTZ, FL 33549

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 200

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