2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01 19 2007 90110 004 ****61 25

1. Entity Name					01-18-20	07 90110 004 ***	**61.25	
Principal Place 1219 FRANK C/O ROBERT CLEARWATER	LIN CIRCLE	Mailing Address 1219 FRANKLIN CIRCLE C/O ROBERT E. CROWN CLEARWATER, FL 33756	5-5815 US		6000			
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0112200	7 Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Nur 65-00	Der 026424	⊢ i	Applied For Not Applicable	
Zip	Country :	Zip	Country	5. Certification	ite of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New	Registered Agent		
CROWN, ROBERT E. : 1219 FRANKLIN CIRCLE CLEARWATER, FL 33756-5815			Street A	<u></u>				
			City			FL Zip C	ode	
the obligat	named entity submits this statement for ions of registered ageng,**	or the purpose of changing its re	egistered office or	registered agent, or	both, in the State of	Florida. I am familiar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and lifte if applicable (NOTE I	Registered Agent signati	ite required when reinstating		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp	paign Financing	\$5.00 Ma	y Be	DATE Make check payable orida Department of		
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 Ma	y Be es Fi	Make check payable	State	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 Ma Added to Fe ADDITIONS/ Director John Thoma 730 Eldora	y Be es FICHANGES TO OFFICE S do Avenue	Make check payable torida Department of CERS AND DIRECTORS	State IN 10	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI PD CROWN, ROBERT E. 1219 FRANKLIN CIRCLE	9. Election Carns Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	S5.00 Ma Added to Fe ADDITIONS/ Director John Thoma	y Be es FICHANGES TO OFFICE S do Avenue	Make check payable torida Department of CERS AND DIRECTORS	State IN 10 e X Addition	
10. YITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI PD CROWN, ROBERT E. 1219 FRANKLIN CIRCLE CLEARWATER, FL 33756 V WICKMAN, CARL V., 7 MIDWAY ISLAND	9. Election Carns Trust Fund Co	Daign Financing ontribution. 11. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	\$5.00 Ma Added to Fe ADDITIONS/ Director John Thoma 730 Eldora	y Be es FICHANGES TO OFFICE S do Avenue	Make check payable torida Department of CERS AND DIRECTORS	State IN 10 e X Addition e	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY - ST- ZIP

STREET ADDRESS 1015 JASMINE WAY

CLEARWATER, FL 33756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15 2007

727-446-3091