2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N25219				04-26-2	2006 90196 039 ***	*61.25
Principal Plac 1601 FORDS MAITLAND, F	SAVE	Mailing Address P O B OX 607421 ORLANDO, FL 32860	US	77		.	P 111 03 d 0 3001
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0417	2006 Chg-NP	CR2E037 (11/05)	
City & State	е	City & State	City & State		Number 9-3541549		pplied For ot Applicable
Zip	Country	Zip	Country	5. Ce	rtificate of Status Desir	\$9.75 Au	ditional
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of N	ew Registered Agent	
DALLAS, REV EL			Name			an inglinion and	
4434 BEA			Street A	ddress (P.O. Bo)	Number is Not Accep	otable)	
			City			FL Zip Coo	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office o	r registered agen	t, or both, in the State	of Florida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signal	ure required when reins	tating)	DATE	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Camp	aign Financing	\$5.00		DATE Make check payable (
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	eaign Financing	\$5.00 Added	May Be	Make check payable (Florida Department of S	itate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	eaign Financing ntribution.	\$5.00 Added	May Be	Make check payable (Florida Department of S FICERS AND DIRECTORS IN	N 10
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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 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 entarchment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

Date

Date

Daytime Phone # 4-25-2006 (407-291-1/86 Date Daytime Phone #