2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N25948 LITY CORPORATION		:			4-09-2007 9	00091 022 ****61	.25	
Principal Place of Business P. O. BOX 1107 LAKE WALES, FL 33859-1107 US AKE WALES, FL 33859-1			9-1107	US	I (BENHAL ALA HE	Bi gwir (by) bipsh (i	II BIBN BIBN BIBN BIBN BIBN BIBN F	ANE NICH	
Principal Place of Business - No P.O. Box # Mailing Address			1-1						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02262007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-31125	47	1	opplied For		
Zip	Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Ac Fee Requir	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and Ac	dress of New F	Registered Agent		
PIGNANE	SE CANTRIA CBUEUUT			Name James C. McClendon II					
RIGNANESE, CYNTHIA CROFOOT 198 1 STREET SOUTH WINTER HAVEN, FL 33880				Street Address (P.O. Box Number is Not Acceptable) 240 East Park Avenue					
	**************************************			POBOX 466					
				City Lak	Lake Wales FL Zip Code 33859				
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered	d office or regis	tered agent, or both,	in the State of Fl	orida. I am familiar with	n, and accept	
SIGNATÚRE	Huill F	My Neder					4/4/0-	7	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signatura requi	red when reinstating)		DAYE.		
	Filling Fee Is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Fir	nancing	\$5.00 May Be Added to Fees		fake check payable		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Can Trust Fund C	npaign Fir Contributio	nancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor GES TO OFFICE	fake check payable rida Department of S ERS AND DIRECTORS I	State N 10	
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12. I nereby 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.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/5/07

863.528.536