## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Apr 04, 2008 8:00 am Secretary of State

ANNUAL REPORT	
ANNOAL REPORT	

1. Entity Name	MENT # N25948 LITY CORPORATION				, 6		00021 034 ****	
Principal Place of Business P. O. BOX 1107 LAKE WALES, FL 33859-1107 US  Mailing Address P. O. BOX 1107 LAKE WALES, FL 33859-1107 US  LAKE WALES, FL 33859-		⊢1107 US		4005	man erka riin acidt fil	A Sign Bign bign bign bign big	K 61811121 B‡ (261	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address		·····				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192008	Chg-NP	CR2E037 (12/0	6)	
City & State		City & State			4. FEI Numbe 59-3112			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Fee Red	Additional utred
·	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
WOOLLIADON, OAWILO O II				<u> ၂၉</u>	enny Fackender ss (P.O. Box Number is Not Acceptable)  Covington CT			
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, typic or privated name of equistered agent and title if applicable. (NOTE: Registered Agent signature required when retristating)  DATE								
:	Signature, typed or printed name of egistered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required	d when reinstating)		DATE /	
:	Signety's typic or printed name of egistered agent Filling Fee is \$61.25 Due by May 1, 2008	and title # applicable. (NOTE:  9. Election Cam  Trust Fund Co	paign Financin		\$5.00 May Be Added to Fees	4 I	fake check payab	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financin	° –	\$5.00 May Be Added to Fees	Flor		of State
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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 cath; 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.

IGNATURE:

| SIGNATURE AND PRIED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

| Date | Dayling Priorie # SIGNATURE!