## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26020

FILED Jan 12, 2009 Secretary of State

| Current Principal Place of Business:   |   | New Principal Place of Business:  |  |  |
|--|---|---|--|--|
| 5835 169<br>1CALPIN,   | TH RD<br>, FL 32062   | US  |  |  |
| urrent M   | lailing Addre   | ess:  | New Mailing Addres   | s:   |
| . O. BOX<br>IVE OAK  | ( 275<br>, FL  3206002  | 75 US   |  |  |
| El Number  | : 59-2456558  | FEI Number Applied For ( )  | FEI Number Not Applicable ( )  | Certificate of Status Desired ( )  |
| Name and Address of Current Registered Agent:  |   | Name and Address of New Registered Agent:   |  |  |
| OHNSON   | L IOLINIA   |   |  |  |
| 11 HAW   | N, JOHN A<br>KINS STREE <sup>T</sup><br>, FL 32064  | r<br>US   |  |  |
| 11 HAWI<br>IVE OAK<br>he above   | KÍNS STREE <sup>T</sup><br>, FL 32064   | US  | purpose of changing its registere  | ed office or registered agent, or both   |
| 11 HAWI<br>IVE OAK<br>he above   | KINS STREET, FL 32064 In named entity of the of Florida.  RE:   | US submits this statement for the   |  |  |
| 11 HAWH<br>IVE OAK<br>The above<br>the State   | KINS STREET, FL 32064 e named entity e of Florida. RE: Electro  | US  v submits this statement for the onic Signature of Registered Ag  | ent  | Date   |
| 11 HAWHIVE OAK The above The State GNATU   | KINS STREET, FL 32064 e named entity e of Florida.  RE: Electro S AND DIRECTOR  | US  y submits this statement for the onic Signature of Registered Agentons:   | ent ADDITIONS/CHANG  | Date ES TO OFFICERS AND DIRECTO  |
| 11 HAWHIVE OAK he above the State IGNATUI  PFFICER tte:  | KINS STREET, FL 32064  e named entity e of Florida.  RE: Electro  S AND DIRECTOR  SD (  | US  v submits this statement for the onic Signature of Registered Ag  | ent  ADDITIONS/CHANG  Title:   | Date   |
| 11 HAWH<br>VE OAK<br>he above<br>the State<br>IGNATUI<br>FFICER<br>tte:<br>ame:  | e named entity e of Florida.  RE: Electro S AND DIRE ( AVERA, D.J.,   | US  y submits this statement for the onic Signature of Registered Agentors:  ) Delete   | ent  ADDITIONS/CHANG  Title: Name:   | Date ES TO OFFICERS AND DIRECTO  |
| 11 HAWH IVE OAK The above The State GIGNATUI  DFFICER  title: ame: ddress:   | KINS STREET, FL 32064  e named entity e of Florida.  RE: Electro  S AND DIRECTOR  SD (  | US  y submits this statement for the onic Signature of Registered Age  CTORS:  ) Delete   | ent  ADDITIONS/CHANG  Title:   | Date ES TO OFFICERS AND DIRECTO  |
| 11 HAWH<br>IVE OAK<br>he above<br>i the State<br>IGNATUI<br>PFFICER<br>ttle:<br>ame:<br>ddress:<br>ity-St-Zip:                                     | KINS STREET, FL 32064 e named entity e of Florida.  RE: Electro S AND DIRECTOR SD (AVERA, D.J., 13877 165 RI LIVE OAK, FL   | US  y submits this statement for the onic Signature of Registered Age  CTORS:  ) Delete   | ent  ADDITIONS/CHANG  Title: Name: Address:  | Date ES TO OFFICERS AND DIRECTO  |
| 11 HAWHIVE OAK he above the State IGNATUI  PFFICER tte: ame: ddress: ity-St-Zip: tte:  | KINS STREET, FL 32064 e named entity e of Florida.  RE: Electro S AND DIRECTOR SD (AVERA, D.J., 13877 165 RI LIVE OAK, FL   | v submits this statement for the onic Signature of Registered Agenta Delete  Delete  Delete  Delete                                 | ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:   | Date ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition                           |
| 11 HAWH<br>VE OAK<br>he above<br>the State<br>IGNATUI<br>FFICER<br>ttle:<br>ame:<br>ddress:<br>ity-St-Zip:<br>ttle:<br>ame:                        | KINS STREET, FL 32064  e named entity e of Florida.  RE:  Electro  S AND DIRECT  SD (AVERA, D.J., 13877 165 RILIVE OAK, FL  | v submits this statement for the onic Signature of Registered Agenta Delete  Delete  Delete  Delete                                 | ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title:   | Date ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition                           |
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. JOHNSON PD 01/12/2009