2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT # N26719 DSTRIAL ASSOCIATION, IN		-17-2008 90027					
Principal Plac 3315 INDUS FT. PIERCE, I	TRIAL 25TH ST.	Mailing Address 3315 INDUSTRIAL 25TH S FT. PIERCE, FL 34946	ST. US	1 10 8 10 8 10 10 10 10 10 10 10 10 10 10 10 10 10	1	ilbil dibil dada bibil bibil	111 01 8 1 (8 0)	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008 C	ng-NP CR	2E037 (12/06)		
City & Stat	e	City & State		4. FEI Number 59-282192	9	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St		\$9.75	litional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registe	ered Agent		
HOGAN A	MICHAEL D		Name					
41 SOVER			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	9	
	named entity submits this statement folions of registered agent.	r the purpose of changing its re-	gistered office or re	egistered agent, or both, in	the State of Florida.	I am familiar with,	and accept	
		** ₄						
SIGNATURE : 	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be	Make c	check payable to		
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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 attachment with an address, with all other like empowered.

SIGNATURE:	MOHO	michael D. Hogan	1/15/08	3772-466-31	13
	SIGNATURE AND TYPED OR SINTED NAME OF SIGNIN	IG OFFICER OR DIRECTOR	Date	Daytime Phone #	