2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # N27714 SSOCIATION, INC.					90071 036 ****61	.25
3517 FINCH DR. 3517 F		Mailing Address 3517 FINCH DR. MELBOURNE, FL 32935	517 FINCH DR.				
A 52-1-15	New of Projects Ale DO Do #	A Mailine Address					
2. Principal Place of Business - No P.O. Box # 1927 QUAIL TRL		3. Mailing Address 1927 QUAIL TRL			1031 483 14 10001 11911 1	HE MINI DINI AINA AND THE	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01312007	Chg-NP	CR2E037 (12/06)	
MELBOURNE FL 32		City & State MELBOURNE FL		4. FEI Number 59-2911	575		pplied For ot Applicable
Zip 329	Country	Zip 32935 -	Country	5. Certificate of	f Status Desired	S8.75 Add	ditional ed
	6. Name and Address of Current i	<u> </u>		7. Name and /	Address of New	Registered Agent	
100000000000000000000000000000000000000					NNIE L		
3517 FINCH DR. Street Address (F				dress (P.O. Box Number	is Not Acceptat	ole)	
MELBOURNE, FL 32935				27 QUAI	L TRL		
			ELBOURNE		FL Zip Coo	735	
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 Donnie Jberio BONNE L. BEV 15 Signature, typod op printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed of printed pame of registered agent a	and title if anniicebie (NOTF: Re	enistered Anent signature	e remineri when reinstation)		DATE	
*	Signature, typed op printed name of registered agent a		· · · · · · · · · · · · · · · · · · ·		<u> </u>	DATE	
*	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	s 55.00 May Be Added to Fees		Make check payable torida Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing ntribution. [\$5.00 May Be Added to Fees ADDITIONS/CHA	Fie	prida Department of S ERS AND DIRECTORS IN	tate V 10
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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 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: Bomie & Buris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2007

3212590525 Daytime Phone #