2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N29266

1. Entity Name



FILED Mar 29, 2007 8:00 am

Secretary of State

03-29-2007 90014 001 ****61.25

		IATION, INC.	ATION COND							
899 WOODBRIDGE DR. 899				ing Address 9 WOODBRIDGE DR. NICE, FL 34293		gui	្សង្គ <i>េ</i> -			
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Ad							
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			hg-NP	CR2E037 (12/0		
City & State			City & Sta	City & State					Applied For	
Zip Country		Zip	Zip Country		65-0139688 Not Applicable 5. Certificate of Status Desired Sa.75 Additional					
S. Nome and Address of Current Pagints			nt Projetorod Age			7 Name and Add	Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
JORDAN, DONNA ADVANCED MANAGEMENT, INC. 899 WOODBRIDGE DR. VENICE, FL 34293						Street Address (P.O. Box Number is Not Acceptable)				
				<u> </u>	City	City FL Z			Code	
	named entity ions of registe		t for the purpose of o	changing its reg	gistered office or regi	stered agent, or both, in	the State of Fig	rida. I am familiar v	with, and accept	
SIGNATURE .	Signature, lyped	or printed name of registered ag	ent and title if applicable.	(NOTE Re	egistered Agent signature rec	ruired when reinstating)		DATE		
				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be				
10.										
		OFFICERS AND	DIRECTORS		11.	ADDITIONS/CHANG	I ES TO OFFICEI	RS AND DIRECTOR	S IN 10	
TITLE	VPD	OFFICERS AND] Delete	11.	ADDITIONS/CHANG	ES TO OFFICE			
TITLE NAME	'' -	OFFICERS AND		Delete	ī	ADDITIONS/CHANG	I ES TO OFFICEI	RS AND DIRECTOR		
	GRABOW] Delete	TITLE	ADDITIONS/CHANG	L ES TO OFFICEI			
NAME	GRABOW	KSI, JOHN DBRIDGE DR		Delete	TITLE NAME	ADDITIONS/CHANG	L ES TO OFFICEI			
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12. I hereby 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Thomas Farence Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR