2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 10, 2008 8:00 am Secretary of State

Principal Place of Business No P.O. Box # 3. Mailing Address PALATKA, FL 32177 US	1. Entity Nam	ne	N35848 NISTRIES, INC.							06-10-2008 9	90001 028	3 ****61.2	25
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. O8022008 Chg.NP CR2E037 (12/06)	C/O ROBIN TOOLE Robinson 201 S. PALM AVE			C/O R 201 S	C/O ROBIN 700LE Roらか 201 S. PALM AVE				 			il 91811 81811 818	111E(EL 1881
City & State City & State City & State City & State Country Country Country Country Country Country Country Country S. Country	2. Principal P	lace of Busines	s - No P.O. Box #	3. Maili	ing Address			•					
Spanning	Suite, Apt. #, etc.		Suite, Apt. #, etc.					06022008	Chg-NP	CR2E03	37 (12/06)		
S. Name and Address of Current Registered Agent TOOLE, ROBIN 201 S. PALM AVE PALATKA, FL 32177 City	City & State			City & State					4. FEI Number 59-3009	352		 	
TOOLE, ROBIN 201 S. PALM AVE PALATKA, FL 32177 8. The above named entity submits this stategment for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce	Zip Country		Zip		Cou	Country		5. Certificate o	f Status Desired				
TOOLE ROBIN 201 S. PALM AVE PALATKA, FL 32177 City FL Zip Code		6. Name ar	nd Address of Curren	t Registere	d Agent				7. Name and A	Address of New	Registered /	Agent	
SIGNATURE 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Decide	TOOLE D	ORIN					Name	RO	bin R	obin	500)	
8. The above named entity submits this stategement 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 Description Desc					Street Addr			ddress (s (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this stateaum for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura typed or pristed name of registered agent and the if explosestee. Control Cont	PALATKA,	, FL 32177											
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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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PILING Fee ue by Septe Ue by Septe DST MEADE: GR 114 BRAND PALATKA, F GABORIAU P O BOX 24 PALATKA, F DP RAGANS, G 3502 KENN PALATKA, F DVP DILLON, TO 131 PALM 1 EAST PALA D BEDENBAL 227 ROUND	is \$61.25 pmber 12, 2008 OFFICERS AND D RAYSON OI LN FL 32177 , ANDRE H41 FL 32178 SERALD EDY STREET FL 32177 OM TRAIL TRAIL TRAIL JGH, JEFF DLAKE ROAD		9. Election Car Trust Fund (mpaign F Contribut 11. TITL NAM STRI CITY	E (E EET ADDRESS - ST-ZIP E E EET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	Make checl orida Depar	THE CHANGE Change Change Change	H 10 Addition Addition Addition Addition

Interest certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 life empowered.

GNATURE:

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #