

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90274 025 ****75.00

60027326



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3005713

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONSTANTINO, DIANE E.
1301-34TH STREET NORTH
ST. PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	CONSTANTINO, DIANE
STREET ADDRESS	1301 34TH ST. N
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	D
NAME	TUNING, LUCAS
STREET ADDRESS	201 WEST CAMPBELL AVE.
CITY-ST-ZIP	ROANOKE, VA 24010
TITLE	D
NAME	COLE, FRANCES
STREET ADDRESS	P.O. BOX 22000
CITY-ST-ZIP	RENO, NV 89520
TITLE	D
NAME	KNIGHT, BILL
STREET ADDRESS	8460 TIMES DISPATCH BLVD
CITY-ST-ZIP	RICHMOND, VA 23111
TITLE	D
NAME	RIORDON, MIKE
STREET ADDRESS	PO BOX 70
CITY-ST-ZIP	LAS VEGAS, NV 89125
TITLE	D
NAME	ROBBINS, BRYAN
STREET ADDRESS	P.O. BOX 957
CITY-ST-ZIP	DES MOINES, IA 50304

**DO NOT WRITE
IN THIS SPACE**

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:

Diane Constantino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

727-322-6955
Daytime Phone #