## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2005 8:00 am Secretary of State

DOCUM 1. Entity Name RANDOM		04-11-200	5 90160 (	31 ****6	1.25			
Principal Place of Business PO BOX 6235 BRANDON, FL 33508-6004 US Mailing Address MCNEIL MGMT SVCS INC PO BOX 6235 BRANDON, FL 33508-6004 US						- 	- 12 Aliku Asali Asali	. ————————————————————————————————————
146	ace of Business 3 Oak Field Dr		<u> </u>					
	te 141	Suite, Apt. #, etc.	1	04052005 C	hg-NP	CR2E03	37 (10/03)	- E F
City & State Brandon FL		City & State	City & State		37	_	Not	plied For Applicable
zip 3	5//_   Country	Zip	Country	5. Certificate of S	tatus Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New	Registered /	Agent	
TANKEL, ROBERT PA 1022 MAIN STREET STE D DUNEDIN, FL 34698				Name Street Address (P.O. Box Number is Not Acceptable)				
			City	<u>-</u>		FL	Zip Code	
the obligati	ions of registered agent.		1					•
SIGNATURE	Signature, typed or prested name of registered agent	and title if applicable; (NOTE	: Registered Agent signat	ire required when reinstating): —		DATE		· ·
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005		npaign Financing	\$5.00 May Be Added to Fees		Make chec	k payable to	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be	F)	Make checi orida Depar	tment of St	ate 10
10.	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing Contribution	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	ES TO OFFIC	Make check orida Depar CERS AND DI	tment of St	ate Co
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DI D SAULNIER, KEN 5906 ERHARDT	9. Election Can Trust Fund C	npaign Financing Contribution.  11.  ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANCE  Dinda Ric 5415 Lind	SES TO OFFICE	Make chectorida Departement De	RECTORS IN Change	ate 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR

4-6-05

(813)546.9405