FILED Feb 09, 2006 8:00 am Secretary of State 02-09-2006 90030 037 ****61.25

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

DOCUMENT 1. Entity Nan FORT MEAD		SSN, INC.	Н	010€		
Principal Place 1010 E BRO FT. MEADE,		Mailing Address 1024 MICHIGAN S FORT MEADE,FL				
. Principal Pla	ace of Business	3. Mailing Address		40011338		
Suite, Apt. # etc.		Suite, Apt, #, etc.		- mary many many and a company		
City & State		Ci ty & State		4. FEI Number 59-3044269	Applied For	
p Country		Žip	Country	5. Certificate of Status Desired D \$8.75	Not Additional Fee Required	
	Address of Current Registered Agent			ne and Address of New Registered Agent		
ussell Maki 1 L 33841	024 Michigan STS.E FORT MEADE	•	Name		- · · · · · · · · · · · · · · · · · · ·	
			Street	Address (P.O. Box Number is Not Acceptable)		
			FL		Zip Code	
Q The show	named actify submits this statemen	t for the summer of these		office or registered agent, or both, in the State of I	<u> </u>	
-	61.25 Due by May 1, 2006	9. Election Ca	·	d Agent signature required when reinstating) DATI \$5.00 May Be Make check payable to Trust Fund e	·	
	AND DIRECTORS		11. ADDIT	ONSICHANGES TO OFFICERS AND DIRECTOR	S SIN 10	
ITLE NAME TREET DDRESS ITY-ST-ZIP	PD YOUNG,RUSS 1013 MICHIGAN ST., SE. FORT MEADE, FL 33841	X Delete	TITLE NAM STREET ADDRESS CITY-ST-2	Maki, Russell	X Addition	
ITLE NAME TREET DDRESS ITY-ST-ZIP	V MAKI, RUSSELL 1024 MICHIGAN ST. SE FORT MEADE, FL 33841	X Delete	TITLE NAM STREET A DRESS CITY-ST-Z	Everson, Ralph	X Addition	
ITLE NAME TREET DDRESS ITY-ST-ZIP	S EVERSEN,FLORENCE 1022 NEV YORK ST. SE FORT MEADE, FL 33841	X Delete	TITLE NAM STREET ADDRESS CITY-ST-Z	Cline, Arthur L.	X Addition	
TLE NAME TREET DDRESS ITY-ST-ZIP	T HARRISON, DOROTHY 201 EDGEWOOD CIRCLE FT. MEADE FL 33841	X Delete	TITLE NAM STREET ADDRESS CITY-ST-Z	HARRISON, DOROTHY	X Addition	
TLE NAME TREET DDRESS TTY-ST-ZIP		D Delete	TITLE NAM STREET A DRESS CITY-ST-Z	D	ge D Addition	
TLE NAME TREET DDRESS ITY-SI-ZIP		D Delete	TITLE NAM STREET ADDRESS CITY-ST-Z		ge D Addilion	
12. I hereby indicate d of the co changed SIGNAT	am an officer or director poration o name appears in Block 10 or Block	mental report is true and r the receiver or trustee : 11 if or on an attachme	d accurate and that empowered to exe nt with an address	This to fel cook	made under oath; that i	

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ATTACHMENT

محسفر بال

Principal Place of Business 1010 8 BROWNY FI. MEDIC, Ft. 33841 US 1013 MICHIGAN ST. S.E. FORT MEADE, Ft. 33841 US 2. Principal Place of Business Suite, Apt. 4. etc. Chy 6. State Chy 6	1. Entity Nam	MENT # N41510 ADE MOBILE HOME OWN	ATTACHIMENT										
Suite, Api 4, etc. Suite, Api 4, etc. Suite, Api 5, etc. Suite, Api 5, etc. Suite, Api 6, etc. Suite, Api 6, etc. Suite, Api 6, etc. A FEI Norther 59-3,044,269 A FEI Norther	1010 E BROADWAY 1013 MICHIGAN ST. SE				3	40	011	22.	6 —				
City & State	2. Principal P	lace of Business	3. Mailing Address										
EN Name and Address of Current Registered Agent FORT MEADE, FL 33841 Signar Sports S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062006 C	hg-NP	CR2E03	7 (11/05)				
S. Nerma and Address of Current Registared Agent 7. Name and Address of New Registared Agent 8. The above named antity 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. 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits this statement 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. Department of State 8. Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DI	City & State		City & State				-		·				
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Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		Name	7. Name and Add	dress of New R	egistered A	gent				
Either above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with , and accept the obligations of registered agent. SIGNATURE	1043 INDIANA ST S.E												
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorlda. I am lamiliar with, and accept the obligations of registered agent. Signature	· OIVI IIID	DE, 1 E 000 71			Cib.				7 in Code				
SIGNATURE Signature Signa	0. The share												
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TITLE PD GRITHEADERS 1013 MICHIGAN ST., SE. CITY-ST-2P FORT MEADE, FL 33841		Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered	Agent signature required	when reinstating)		DATE					
TITLE PD													
NAME SITEET ADDRESS CITY-ST-2IP TITLE THANKE STREET ADDRESS CITY-ST-2IP TITLE SCHOOLESS CITY-ST-2IP TITLE THANKE STREET ADDRESS CITY-ST-2IP TITLE STREET ADD					r	ADDITIONS/CHANG	SES TO OFFICE						
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