2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 8:00 am Secretary of State

1. Entity Nam THE ORC	MENT # N48533 CHARD, PHASE II, HOME		,	02-16-2005	_					
PO BOX 211:	e of Business 343 ONA, FL 32121-1343 US	Mailing Address PO BOX 211343 SOUTH DAYTONA, FL 3	32121-134	43 US	75 25 60 11 77 1 11110		50016	833 		
2. Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02092005	Chg-NP	CR2E037 (1	10/03)			
City & State		City & State			4. FEI Numbe 59-3262				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		.75 Add Required		
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New F	Registered Ager	nt		
	MICHELE N CAVE RD AYTONA, FL 32119		Ľ	Street Address (r is Not Acceptable	θ)		~ 	
•			-	CITY SOUTH DAYTONA FL ZIDO			Zip Code	3		
			i_	Jour			r.	32	<u> </u>	
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 eignature required when reinstating) DATE										
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered A	gent signature requirec	when reinstating)		DATE		1. 11	
+301 -1911 +301 -1911	Filling Fee is \$61.25 Due by May 1, 2005	gent and title if applicable. (NOTE 9. Election Carr Trust Fund C	npaign Fina	ancing	\$5.00 May Be		lake check partine			
	Filling Fee Is \$61.25	9. Election Can Trust Fund C	npaign Fina	ancing	\$5.00 May Bo		rida Departme	nt of St	ate	
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2. I hereby certay that the information supplied with his hung does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certay that he 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 eath; 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:	Wade G. a	aggur	WADE A.	CREGGAR	2/9/05 386-522-10	6 84
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR		Date	Daytime Phone #	_	