2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N49682 RLIN HOUSE, INC.				03	-02-2006 9	0013 030 ***		
Principal Plac 3101 NORTH ORLANDO, FI	I PINE HILLS RD.	Mailing Address 3101 NORTH PINE HILLS ORLANDO, FL 32808			400.5	, i. u ·			
	lace of Business	3. Mailing Address		_					
3101 Suite, Apt.		3101 N. Pine Suite, Apt. #, etc.	Hills R		232006 Ch	ng-NP	CR2E037 (11/	05)	
City & State	ndo Fi	Orlando	FL_		FEI Number 59-313260	0	-	Applied Not App	
^Z 328	08 Country USA	32808	Country		Certificate of Sta		Fee Re	Additions quired	al
	6. Name and Address of Current R	egistered Agent		7. !	Name and Add	ress of New R	egistered Agent		
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-MERLIN, L 508 MAJO			· Street Ad		Box Number is N	Vot Acceptable	n)		
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			City	<u> </u>	a Joi Ca	- 11V Q		Code	
				bamer	the SD	rms	FL 愛	371Y	<u> </u>
	named entity submits this statement for	the purpose of changing its re	gistered office or	registered ac	gent, or both in	the State of Flo	rida. I am familiar	with, and	accept
the obligat	ions of registered agent.	•				-			
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SIGNATURE .	Signature, typed or printed name of registered agent an	of title if applicable (NOTE: I	Jacintarud Agnot elecatur	a randadutan	roinetation)		DATE		_
<u>.</u>	Signature, typed or printed name of registered agent ar	id title if applicable. (NOTE; F	Registered Agent signatur	e required when r	reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campaign Financing									
	Filing Fee is \$61.25	9. Election Camp	aign Financing	\$5	OO May Be	M	ake check payal	ble to	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co			00 May Be ed to Fees		ake check payal ida Department		
10.	- ,	Trust Fund Co	ntribution. [⊥ Àdde	ed to Fees	Flor	ida Department	of State	
10.	Due by May 1, 2006	Trust Fund Co		⊥ Àdde	ed to Fees	Flor	RS AND DIRECTOR	of State	Addition
	Due by May 1, 2006 OFFICERS AND DIRE	Trust Fund Co	ntribution.	⊥ Àdde	ed to Fees	Flor	ida Department	of State	Addition
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12. I hereby certify that the information supplied with this filling 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 put tee 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.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

407/292-0105