2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT				FILED Apr 20, 2005 8:00 am Secretary of State	
1. Entity Nam	MENT # N50378	INC.		04-20-2005 90347 028 ****61.25	
255 SOUTH	ce of Business ORANGE AVENUE WER, SUITE 800 L 32801	Mailing Address 255 SOUTH ORANGE AV FIRSTATE TOWER, SUITE ORLANDO, FL 32801		50040552	
2. Principal Place of Business 319 Raintree Court Suite, Apt. #, etc.		3. Mailing Address 319 Raintree Court Suite, Apt. #, etc.		01132005 Chg-NP CR2E037 (10/03)	
City & Stat Winte	r Park, FL	City & State Winter Park,	FI	4. FEI Number 59-3147331 Applied For Not Applicable	
<sup>Zip</sup> 32789	Country	Zip 32789	Country	5. Certificate of Status Desired  5. Cer	
	6. Name and Address of Current I		Name	7. Name and Address of New Registered Agent	
MACKINNON, ALEXANDER C 255 SOUTH ORANGE AVE SUITE 800		Street Address (P.O. Box Number is Not Acceptable)			
:	D, FL 32801	•	City	registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature. typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing	4. C. 05       re required when renstaling)       DATE       \$5.00 May Be Added to Fees       Florida Department of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TP HOWE, JOHN RT REV 1017 ROBINSON ST ORLANDO, FL 32801	ECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	T VP LIPSCOMP, JOHN RT. REV. P.O. BOX 703- ELLENTON, FL 34223	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7313 Merchant Ct. Sarasota, FL 34240	
TITLE NAME STREET ADDRESS <sup>®</sup> CITY-ST-ZIP	TT COLADO, GUY 121 W. KINGS WAY WINTER PARK, FL 32785	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	327 Beloit Avenue Winter Park, FL 32789	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MACKINNON, ALEXANDER C S <del>TE 800 FIRSTATE TOWE</del> R ORLANDO, EL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 S. Orange Ave., Ste 800 Orlando, FL 32801	
IITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition	
12. I hereby o	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my	v signature shall h	ed in Section 119.07(3)(I), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director	