2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State

DOCH								
1. Entity Nan	MENT # N9300000°					-29-2008 90007		
4827 COCONUT ROAD SOUTH 40		Mailing Address 406 NORTH O STREET LAKE WORTH, FL 33460	•		dan se men	,	IB: 11818 11818 8111	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01212008 C	ng-NP CR2	E037 (12/0	5)
City & Stat	e	City & State			4. FEI Number 65-039500	5		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Fee Req	Additional
	6. Name and Address of Current	Registered Agent		L	7. Name and Add	ress of New Register	 	
SCHDEIDI	ED CEDADOM		Name					
SCHREIBER, GERARD M 406 NORTH O ST LAKE WORTH, FL 33460			Street A	Address (P.	O. Box Number is f	Not Acceptable)		
	,							
			City				Zip C	ode
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office o	r registered	d agent, or both, in	the State of Florida. I	am familiar w	ith, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	 Registered Agent signa	lure required w	rhen reinstating)	DA	τε	
	Filing Fee is \$61.25							·
	Due by May 1, 2008	9. Election Camp Trust Fund Co			5.00 May Be Added to Fees		eck payabl partment of	
10.	•	Trust Fund Co		☐ A	Added to Fees		partment of	State
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND DIF D SCHMIDBERGER, FRANZ CH-6313	Trust Fund Co	11, TITLE NAME STREET ADDRESS	Dire Pfle Sch	odded to Fees DDITIONS/CHANGE Ctor uger, Ni Ioss sch	Florida De ES TO OFFICERS AND klaus wandegg	DIRECTORS XX Chang	State IN 10 pe Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND DIF D SCHMIDBERGER, FRANZ CH-6313 MENZINGEN, SWITZERLAND, S	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dire Pfle Sch	odded to Fees DDITIONS/CHANGE Ctor uger, Ni Ioss sch	Florida De	DIRECTORS XX Chang	State SIN 10 pe
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2. I hereby certify that the information supplied with this filing 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 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	
SIGNAI UKE	

SIGNATURE AND APPEND OR PRINTED HAME OF SKINING OFFICER OR DIRECTOR

21 Jan 08

816-753-0073

Daytime Phone