2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N9300000° association of Benti		STS, INC.					01-28-200	08 90042 (036 ****61	1.25
Principal Place 6821 S.W. AF GAINESVILLE	RCHER ROAD	6821 S	Mailing Address 6821 S.W. ARCHER ROAD GAINESVILLE, FL 32608				THE STATE OF THE S				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01142008	Chg-NP	CR2E0	037 (12/06)	
City & State		City & State					4. FEI Number 59-3150			-	plied For t Applicable
Zip	Country	Zip	Zip		Country		5. Certificate	of Status Desire	q 🗆	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered	Agent				7. Name and	Address of Nev	w Registered	Agent	
	AVID L ARCHER ROAD LLE, FL 32608				Name Street Ac	ddress (F	O. Box Numbe	er is Not Accepta	able)		
					City			· · · · · · · · · · · · · · · · · · ·	F	Zip Code	e
	named entity submits this statement for						 				
	ions of registered agent.										
	Signature, typed or printed name of registered agen	t and title if applica	able. (NOTE: R	legistered	Agent signatu	re required	when reinstating)		DATE		
. 20	Filing Fee is \$61.25 Due by May 1, 2008	t and tille if applica	9. Election Camp. Trust Fund Cor	aign Fi	nancing		\$5.00 May B	e F	Make che	ck payable to	
10.	Filing Fee is \$61.25		9. Election Camp. Trust Fund Cor	aign Fi	nancing		\$5.00 May B Added to Fees	e F	Make che lorida Depa	rtment of Si	late
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12. 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:

olner like empowered. Marianne Luchuro Pluchino
NAME OF SIGNING OFFICER OR DIRECTOR

00 (407)665-5668