2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N930000022					02-04-200	8 90059	049 ****6	51.25	
PO BOX 11254 PO BOX 112		Mailing Address PO BOX 11254 FORT LAUDERDALE, FL	33339 US	,	1 30011101 010 17	::::::::::::::::::::::::::::::::::::::	.	1818 118 71 8 118 6 11	III I II P I (P III	
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 65-04096	659		<u> </u>	optied For ot Applicable	
Zip	Country	Zìp	Country		5. Certificate of	Status Desired		\$8.75 Add		
	6. Name and Address of Current Re	egistered Agent		·	7. Name and A	ddress of New	Registered			
RAILEY T	IMOTHY		Name							
BAILEY, TIMOTHY 2335 E. ATLANTIC BLVD., SUITE 300 POMPANO BEACH, FL 33062			Street	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	е	
	named entity submits this statement for the control of registered agent.	ne purpose of changing its r	registered office	or register	ed agent, or both,	in the State of F	Torida. I am	familiar with,	and accept	
SIGNATURE .										
SIGNATURE.	Signature, typed or printed name of registered agent and	titile if applicable. (NOTE:	: Registered Agent sign	ature required	when reinstating)		DATE			
SIGNATURE		9. Election Carm Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	l Flo	Make chec	k payable to		
10.	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT	9. Election Carm Trust Fund Co	npaign Financing ontribution.			Flo	Make chec orida Depa	RECTORS IN	tate	
	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE PD HALL, BRIAN E 600 N.W. 44 STREET. SUITE 2B	9. Election Carn Trust Fund Ca	paign Financing ontribution.	PD HALI	\$5.00 May Be Added to Fees ADDITIONS/CHAN B. BRIAN B. S.E. 15	NGES TO OFFIC	Make chec orida Depa ERS AND D	rtment of St	tate	
10. IITLE NAME STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTOR	9. Election Carm Trust Fund Co	paign Financing ontribution. 111. TIILE NAME STREET ADDRESS	PD HALL 1973 LAUI	\$5.00 May Be Added to Fees ADDITIONS/CHAN L, BRIAN B S.E. 15 DERDALE BY	NGES TO OFFIC	Make chec orida Depa ERS AND D	IRECTORS IN	tate	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTOR OF NAME OF THE OFFICERS AND DIRECTOR OFFICERS	9. Election Carm Trust Fund Car CTORS Delete	paign Financing ontribution. 11. TIILE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME	PD HALI 1973 LAUI VD HALI	\$5.00 May Be Added to Fees ADDITIONS/CHAN BY S.E. 15 DERDALE BY ADDITIONS BY S.E. 15	GES TO OFFIC COURT Y THE SE	Make chec orida Depa ERS AND D	IRECTORS IN Change 33062	tate 1 10 Addition	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTOR HALL, BRIAN E 600 N.W. 44 STREET. SUITE 2B FORT LAUDERDALE, FL 33309 VD	9. Election Carm Trust Fund Car CTORS Delete	paign Financing ontribution. 11. THE NAME STREET ADDRESS CITY-ST-ZIP THE	PD HALI 1973 LAUI VD HALI 1973	\$5.00 May Be Added to Fees ADDITIONS/CHAN L, BRIAN B S.E. 15 DERDALE BY	COURT COURT	Make checorida Depa ERS AND D	IRECTORS IN Change 33062	tate 1 10 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 fine and accurate and high 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 embowered to execute this report as equired 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 span all effect like eppowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2011/8 954525-97