## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002887

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
SUITE 138	ATO ROAD 5 .TON, FL 33431	US				
Current M	Mailing Address	s:	New Maili	ing Address:		
SUITE 135	ATO ROAD 5 .TON, FL 33431	US				
El Number	: 65-0423820	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired	( )
Name and	d Address of C	urrent Registered Agent:	Name and	Address of N	ew Registered Agent:	
n the Stat	e of Florida.	ubmits this statement for the ρι	urpose of changing i	its registered of	fice or registered agent, o	or both,
the Stat	e of Florida. RE:	·		its registered of	fice or registered agent, o	or both,
n the Stat SIGNATU	e of Florida. RE:	c Signature of Registered Ager	nt			
n the Stati SIGNATU DFFICER itte: lame: ddress:	e of Florida.  RE: Electroni  S AND DIRECT	c Signature of Registered Ager  FORS:  Delete A E DR #135	nt	NS/CHANGES	Date  TO OFFICERS AND DIR  Change ( ) Addition  IEAN E DR #135	
n the Stat	e of Florida.  RE:  Electroni  S AND DIRECT  VT ()  GOODMAN, TIN 3450 LAKESIDE MIRAMAR, FL 3	c Signature of Registered Ager  FORS:  Delete A 5 DR #135 53027  Delete T E IELD PKWY	ADDITION Title: Name: Address:	VT (X) BELLOISE, DAN 3450 LAKESIDE MIRAMAR, FL 3	Date  TO OFFICERS AND DIR  Change ( ) Addition  IEAN E DR #135	
n the Stati SIGNATU DFFICER itle: lame: ddress: city-St-Zip: itle: lame: ddress:	e of Florida.  RE: Electroni  S AND DIRECT  VT () GOODMAN, TIN. 3450 LAKESIDE MIRAMAR, FL 3  D () FENZA, ROBER 500 CHESTERF MALVERN, PA	c Signature of Registered Ager  FORS:  Delete A E DR #135 E3027  Delete T E IELD PKWY 19355  Delete NE E IELD PKWY	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO THE TOTAL TO THE	Date  TO OFFICERS AND DIR  Change ( ) Addition  IEAN  E DR #135  3027	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE E. SHEPPARD 04/29/2009 D