2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N93000005 OF THE POLK COUNTY P			07-14-2006 90024 026 ****70.00					
515 E. BLVD. P		Mailing Address P O BOX 1391 BARTOW, FL 33831 U	P O BOX 1391						
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2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07052006 C	Chg-NP (CR2E037 (4/0		
City & State	е	City & State			4. FEI Number 59-32388	60		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address of Current i	Registered Agent			7. Name and Ad	dress of New Regis	stered Agent		
CTACIAN	ANITA		Name	FIT	-2 <	Sthresh	ley		
STASIAK, ANITA 600 NORTH BROADWAY BARTOW, FL 33830			Street Ad	Street Address (P.O. Box Tombacis Not Acceptable) Onth					
				<u> </u>					
			City	12	arto	43	FL 3	3730	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE	<i>[]]]]][[[[</i>]	· / //							
	Semature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	legistered Agent signatur	ire required	when reinstating)		DATE		
D	Filling Fee is \$61.25 ue by September 6, 2006	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees		check payal Department		
D. 10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be Added to Fees DDITIONS/CHANG	Florida GES TO OFFICERS A	check payal Department	of State	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.28 ue by September 6, 2006 OFFICERS AND DIF PD RYAN, MARIAN 515 EAST BOULEVARD ST	9. Election Campa Trust Fund Con	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS	Tra	\$5.00 May Be Added to Fees DDITIONS/CHANCE EASU (ex-	Florida GES TO OFFICERS - DIRECTO CESHIEY TOOGUE	Department	of State	
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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:	Doena	allow	7-5-06	863-533-0055
	SIGNATURE AND TYPED OR PRINTED NAME OF S	IGNING OFFICER OR DIRECTOR	Date	Daytime Phone #