2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002726

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
ARD RD				
JGE, FL 32955)			
Current Mailing Address:		New Mailing Address:		
ARD RD DGE, FL 32955				
r: 59-3255732	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
, ROBIN L. ARD RD, #1 DGE, FL 32955	S US			
e named entity see of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
RE:				
Electron	ic Signature of Registered Ag	jent	Date	
S AND DIREC	TORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
TURNER, ROBI 406 RICHARD I	N RD SUITE 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
WASDIN, THO 6935 N WICKH		Title: Name: Address:	() Change () Addition	
MELBOURNE,		City-St-Zip:		
	ARD RD DGE, FL 32955 ARD RD DGE, FL 32955 T59-3255732 Address of C ROBIN L. ARD RD, #1 DGE, FL 32955 ARD RD, #1 DGE, FL 32955 Enamed entity se of Florida. RE: Electron S AND DIREC D () TURNER, ROBI 406 RICHARD F ROCKLEDGE, F	ARD RD DGE, FL 32955 Tel Number Applied For () The Address of Current Registered Agent: ROBIN L. ARD RD, #1 DGE, FL 32955 The Number Applied For () The Address of Current Registered Agent: ROBIN L. ARD RD, #1 DGE, FL 32955 The Number Applied For () The Number	ARD RD Address of Current Registered Agent: ROBIN L. ARD RD, #1 OGE, FL 32955 In a named entity submits this statement for the purpose of changing its registere of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete TURNER, ROBIN 406 RICHARD RD SUITE 1 ROCKLEDGE, FL 32955 D () Delete TURNER, ROBIN 406 RICHARD RD SUITE 1 ROCKLEDGE, FL 32955 D () Delete TITIE: New Mailing Address New Mailing Address New Mailing Address Name and Address of Current Registered Agent: Name and Address of Current Registered Agent Agent ADDITIONS/CHANG Name: Address: City-St-Zip: D () Delete Title: Name: Name: Name: Name: Name: Name: Name: Name:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN L TURNER 01/20/2005 D