## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N9400000 BAND JEAN WEILLER FOI		C.				06 90356 02	.8 **** 70.	.00
Principal Plac 663 MOURN SARASOTA, F	NG DOVE DRIVE		ling Address 3 Mourning Dove Drive Rasota, FL 34236		a	40073517			
2. Principal F	lace of Business	3. Mailing Addres	ss						
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		0118200	Ĝ Chg-NP	CR2E	037 (11/05)	
City & Stat	е	City & State			4. FEI Nur 65-0	nber 38553			pplied For
Zip	Country	Zip	Col	untry	5. Certifica	ate of Status Des	sired 📈	\$8.75 Ad Fee Require	lditional
	6. Name and Address of Curren	t Registered Agent	<del></del>	Τ	7. Name a	nd Address of	New Registered		
OFIT: WA	<del></del> _	1	<del></del>	Name		accen		<del></del> -	
SEITL, WA 3665 BEE SUIT 300	RIDGE ROAD	/-/-		Street Add	re <u>ss</u> (P.Q. Box Nur		ptable) ~	T	
SARASOT	A, FL 34233	/							
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	named entity submits his statement i	for the purpose of cha	inging its register	ed office or re	gistered agent, or	both, in the Stat	e of Florida. I ал	n familiar with	, and accept
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SIGNATURE	<u> </u>						7/4/0	4	
			MOTE B			•	DATE		
	Signature, typed of printed name of registered ager	nt and tate if applicable.	(NOTE: Registere	ed Agent signature i	required when reinstating)		DATE	<u>.</u>	
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Thereby certify that the information applied 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 supplies that epopr 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 receive fusite 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 an address, with all other like empowered.

PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date Daytime Phone #