2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 27, 2006 08:00 AN Secretary of State

1. Entity Nan	MENT # N950000				Sec	retary of	State
Principal Place 816 SW CR : MAYO, FL 3		Mailing Address 816 SW CR 351 MAYO, FL 32066					
Principal Place of Business 3.		3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006 C	hg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-331458	 31		oplied For ot Applicable
Zip	Country Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	iress of New Re		
RUSHING, TED 816 SW CR 351			Name Street Addres	ess (P.O. Box Number is	Nat Assessables	·	
MAYO, FL			Street Addre	ess (P.O. Box Number Is	Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			City			Zip Coo	
8. The above named entity submits this statement for the purpose of changing its				istered agent or both in	the State of Flor	r_	
the obliga	tions of registered agent.						
	Signature, lyped or printed name of registered aget	· · · · · · · · · · · · · · · · · · ·	TE: Registered Agent signature rea	quired when reinstating)	<u> </u>	DATE	<u></u>
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.			ike check payable to the check	
TITLE	OFFICERS AND D	VIRECTORS Delete	III.	ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS II	
NAME	WEBB, ROGER	- Seisie	NAME			Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	816 SW CR 351 MAYO, FL 32066		STREET ADDRESS CITY-ST-ZIP		<u> </u>	:20 <u>00</u> 0	
TITLE	Т	☐ Delete	TITLE		5/09/06-	30 i 18 – (M) (hange i	25Addition
NAME STREET ADDRESS	BRANCHE, BRUCE 816 SW CR 351		NAME STREET ADDRESS				
CITY-ST-ZIP	MAYO, FL 32066	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP				:
TITLE NAME	T HUTCHESON, JAMES	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	RT. 3 BOX 330 - CR350A		STREET ADDRESS				
CITY-ST-ZIP	MAYO, FL 32066	☐ Delele	CITY-ST-ZIP			Change Change	□ Addutes
		Li Delete	NAME			☐ Change	☐ Addition
NAME			NAME				
ł			STREET ADDRESS CITY-ST-ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME		·	☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

SIGNING OFFICER OR DIRECTOR