2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N95000004					J4-19-2C	007 90180	1029 ****6	1.25
Principal Place of Business 38130 MCDONALD ROAD DADE CITY, FL 33525 US Mailing Address PO BOX 907 SAN ANTONIO, FL 33576			3576 US		g y y y y	- Pi Bijii ab ik ab	1 4 11 14 10 14 17 14		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132007	Chg-NP	CR2E	E03 7 (12/06)	
City & State		City & State			4. FEI Number 59-35845	59			oplied For
Zip	Country	Country Zip Country		,	5. Certificate of S	Status Desir	ed 🗀	\$8.75 Add	titional
	6. Name and Address of Current	Registered Agent		•	7. Name and Ad	dress of N	ew Registere	d Agent	
NEWLON IOSERH			N.	lame					
NEWLON, JOSEPH 12146 CURLEY ST PO BOX 907			Si	Street Address (P.O. Box Number is Not Acceptable)					
SAN ANTO	ONIO, FL 33576								
				City			F	- (
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing it	s registered of	office or regist	tered agent, or both, i	n the State o	of Florida. La	m familiar with,	and accept
SIGNATURE .		and the diagonals (NO	TE December 4 to a				6.17		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE, Registered Ager	ent signature requi	red when reinstating)		DATE	Ē	
SIGNATURE		9. Election Ca			\$5.00 May Be Added to Fees		Make che	eck payable to artment of St	
SIGNATURE	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Finan	ncing	\$5.00 May Be	<u> </u>	Make che Florida Dep	eck payable to artment of St	tate
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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 attackment with an address, with all other like expowered.

CITY-ST-ZIP

DADE CITY, FL 33525

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16207

355-218-0110

Daytime Phone #

RICHARD MCCALL