2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 23, 2007 8:00 am Secretary of State

DOCUMENT # N9500004658 1. Entity Name CITRUS 20/20 INC.					07-23-2007 90036 046 ****61.25				
P.O. BOX 11	ce of Business 141 L 34460-1141 US	Mailing Address P.O. BOX 1141 LECANTO, FL 34460-1			+ 1 PERSEND DIE LETER DER BERM BERM DERK DERK DERN DIERD BIND DER LERIND DE LEDE				
Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Maiting Address							
		Suite, Apt. #, etc.			07182007 Chg-NP CR2E037 (12/06)				
City & State		City & State			4. FEI Number 65-061690	13			oplied For
Zip	Country	Zip	Country		5. Certificate of St	alus Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I	Registered Ag	ent	
DUILLIDE	CHEDVI		Name						
	, CHERYL /ATERSEDGE DRIVE . RIVER, FL 34429	Street	Street Address (P.O. Box Number is Not Acceptable)						
			City					Zip Cod	e
			i		<u> </u>		FL		
the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office	or register	ed agent, or both, in	the State of F	lorida. I am far	miliar with,	and accept
SIGNATURE	4.5 4.0 								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent sign	esture required	when renstating)		DATE		
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Cam Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		ilake check prida Departm		
10.	ue by September 14, 2007 OFFICERS AND DIR	Trust Fund C				Flo	rida Departm	ent of St	tate
10.	OFFICERS AND DIR	Trust Fund C	11. TITLE		Added to Fees	Flo	rida Departir RS AND DIRE	ent of St	tate
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TO. TITLE	OFFICERS AND DIR	Trust Fund C	11. TITLE		Added to Fees	Flo	rida Departir RS AND DIRE	CTORS IN	tate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIFFICERS AND DIF	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BLUI 34 I-	Added to Fees ADDITIONS/CHANG	ANN & E	IN AND DIRE	CTORS IN	1 10 Addition
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146. I release certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 1.19. 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.

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CHERYL PHILLIPS
MATTHE AND TYPES OR PROMITE VALUE OF SIGNING OFFICER OR DIRECTOR

7.18.07 *(*352

(852) 527-0800

Daytime Phone #