2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 16, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N9600000			01	-16-2007 90261 001 ****(51.25
Principal Place of Business PMB 173 5745 SW 75 STREET GAINESVILLE, FL 32608		Mailing Address PMB 173 5745 SW 75 STREET GAINESVILLE, FL 32608			50000	, (#1666 B) (BG)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092007 Ch	g-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3385097	,	pplied For
Zip	Country	Zip	Country	5. Certificate of Sta	_ \$9.75 ^	iditional
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Agent	
			Name Reput CHARLES R			
KOCHKERIAN, JOHN 10301 SW 52ND AVENUE CANNESWILL EL 2000			Street Address (P.O. Box Number is Not Acceptable)			
GAINESVILLE, FL 32608			51.	5149 SW 103 nd DR		
**************************************			City	City FL Zip Code 32408		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or both, in t		
SIGNATURE .	CHARIES R BR	own Charle	ls R Bu	AT 1 74	JAN 10 2	רטט
	Signature, typed or printed name of registered ageni			required when reinstating)	JAN 10, 2	
· · · · · · · · · · · · · · · · · · ·			Pegistered Agent signature	required when reinstating)	Make check payable Florida Department of S	to
10,	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Cor	Registered Agent signature	\$5.00 May Be Added to Fees	Make check payable	to State
TITLE	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Cor	egistered Agent signature paign Financing ntribution. C	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable Florida Department of S S TO OFFICERS AND DIRECTORS I	to State
	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI P HUBER, JAMES	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable Florida Department of S S TO OFFICERS AND DIRECTORS (Change RBARA 5 2ND ST AVE	to State N 10
TITLE NAME	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable Florida Department of S S TO OFFICERS AND DIRECTORS I Change RBARA 5 2ND FAVE	to State N 10
TITLE NAME STREET ADDRESS	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI P HUBER, JAMES 10314 SW 51ST LANE	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE P REAMY, BA 10242 SW GAINESVILL T BROWN, Ch 5149 SW	Make check payable Florida Department of S S TO OFFICERS AND DIRECTORS IN Change RBARA 5 2ND FAVE E, FL 32608 MARLES 03 N DR	to State N 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI P HUBER, JAMES 10314 SW 51ST LANE GAINESVILLE, FL 32608 T KOCHKERIAN, JOHN 10301 SW 52ND AVE GAINESVILLE, FL 32608 VPD PARNEL, CARL 5123 SW 103 WAY	9. Election Camp Trust Fund Cor RECTORS Delete	paign Financing ntribution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	**S.00 May Be Added to Fees ADDITIONS/CHANGE PREAMY, BA 10242 SW GAINESVILL TBROWN, Ch 5149 SW I GAINESVILL VPD PARNELL, C. 5123 SW IA	Make check payable Florida Department of S S TO OFFICERS AND DIRECTORS I Change RBARA 5 2ND ≠ AVE E , FL 32608 VARLES 03 → DR E , FL 32408 Change Charge	to State N 10 Addition
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12. Thereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description