2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N96000000	347				04-23-2008	•			
Principal Place 1834 MASON DAYTONA BE		Mailing Address 1834 MASON AVENUE DAYTONA BEACH, FL 321	17 US		- 1 (65) (1) 410 (6)	a a nik atik atik atik			W	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02282008 (Chg-NP	CR2E0	37 (12/06)		
City & State	9	City & State			4. FEI Number NOT APPL	LICABLE			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	M	\$8.75 Add Fee Required		
	6. Name and Address of Current R	legistered Agent			7. Name and Ad	dress of New R	egistered	Agent		
DWIGHT SELBY			Name	Name						
200 E/ GRANADA, STE 200 ORMOND BEACH, FL 32174			Street Address ((P.O. Box Number is Not Acceptable)				
agil Kal	·		City					Zip Code		
						<u></u>	FL	-		
	named entity submits this statement for ions of registered agent.			·						
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Re	egistered Agent signatu	ure required	when reinstating)		DATE			
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2008	nd title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	aign Financing	ure required	\$5.00 May Be Added to Fees		ake chec	k payable to		
	Filing Fee is \$61.25 Due by May 1, 2008 . OFFICERS AND DIR	9. Election Campa Trust Fund Con	aign Financing	0	\$5.00 May Be	Flor	ake chec	RECTORS IN	tate	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing tribution.	124	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor GES TO OFFICE nada Bly	ake chec ida Depa RS AND D	rtment of St	tate	
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12. I hereby certify that the information supplied 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 supplemental report is the 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 of trusted expowered 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 organ attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

746-236-4456