## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 22, 2006 8:00 am Secretary of State

DOCUI  1. Entity Nam  KOKOMO				03-22-2	006 90030	017 ****	61.25			
Principal Place 5862 WICHIT LAKE WORTH	A DR	Mailing Address 5862 WICHITA DR LAKE WORTH, FL 33463	US			there berry berry	er Sekrel CSrki Sikrik	50004	1760	
2. Principal Place of Business 5945 CHEROKEE DR. 5945 CHERO Suite, Apt. #, etc.					02252008 Chg-NP CR2E037 (11/05)					
City & State	WORTH FL. Country U.S.A.	City & State  Light World Tip	RTH /	FL.	4. FEI Number 59-263*		ed []	<del></del>	oplied For of Applicable ditional	
3370	6 None and Address of Street B	33463	0,5.0	<del>*                                    </del>				Fee Require	ed .	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
LINDNER, 5862 WICH LAKE WOI	Street A	Street Address (P.O. Box Mumber is Not Acceptable)  Fig. 1. DR.								
			City L	AK	FV	VORT	/-/ F!	Zip Coo	443	
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg								
SIGNATURE FICHARD MCDONNELL Signature, typed or printed name of registered agent and title if epolicable. (NOTE: Registered Agent argnature registered)						•	3-/	3-0	6.	
SIGNATORE.			ogslered Agent signel	ure required a	when reinstating)		DATE	<del>-</del>	<u> </u>	
SIGNATORE :			aign Financing		shen reinstating) \$5.00 May B Added to Fees	e	DATE	ck payable t	0	
10.	Signature, typed or purised name of registered agent an Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	nd life if applicable. (NOTE: Re  9. Election Campa  Trust Fund Com	aign Financing		\$5.00 May Bound of Fees DDITTONS/CHA	NGES TO OFF	Make chec Fiorida Depa	k payable t	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 attachment with an address, with all other like empowered.

SIGNATURE: Sellian M. Prado LILLIAN IN PRADO 3/13/06 561-433-0322

BIGNATURE AND TYPED OR PRINTED MAILE OF SECHING OFFICER OR DIRECTOR DOWN DOWN DOWN DOWN DOWN