2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

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2. Principal P	lace of Business - No P.O. Bo	x # 3. Mail	ling Address								
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				03072008	Chg-NP	CR2E0	37 (12/06)	
City & State	e		y & State	T			4. FEI Numbe 65-0689			N	pplied For ot Applicable
Zip	Country	Zip		Cou	ıntry			of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of	Current Registere	ed Agent		Nome		7. Name and	Address of New	Registered	Agent	
MALIVA, R	OBERT		_		Name	~ —					
14431 BAL	LD EAGLE DR ERS, FL 33912				Street Ad	ddress (I	P.O. Box Numbe	er is Not Acceptab	ole)		
					City				FL	Zip Cod	le
	named entity submits this stations of registered agent.	ement for the purp	ose of changing its	s registere	ed office or	register	ed agent, or bot	h, in the State of F	Florida. I am	ı familiar with,	and accept
SIGNATURE .	Signature, typec or printed name of regis	stered agent and title if app	olicable. (NOT	TE: Registere	d Agent signatu	ure required	when reinstating)		DATE	å	
SIGNATURE .	Signature, typed or printed name of regis Filling Fee is \$61.25 Due by May 1, 2008	itered agent and title if app	9. Election Ca Trust Fund	ımpaign F	inancing	re required	\$5.00 May B Added to Fees	·	Make chec	k payable t	
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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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 464-9996