2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCÚMENT # N96000004345

1. Entity Name

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90306 019 ****61.25

Miramar Beach, FL 59-3400544 Not A Zip Country Zip Country 5. Certificate of Status Desired □ \$8.75 Additive Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-3400544 Appli Not A Section Not A S	
City & State A FEI Number 59-3400544 Not A Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additive Fee Required	
Miramar Beach, FL Sp-3400544 Not A Sip Country S. Certificate of Status Desired Status Desired Fee Required	
Zip Country Zip Country 5. Certificate of Status Desired Status Desired 5. Sequired	ed For Applicable
	-
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
SMITH, LORETTA W CAM	
12815 HWY 98 W, STE. 100 DESTIN, FL 32550 Street Address (P.O. Box Number is Not Acceptable)	
Muramar Beach FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.	d accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee Is \$61.25 Due by May 1, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make check payable to Florida Department of State	e
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD PDelete TITLE ST Change NAME JOHNSON, NEIL STREET ADDRESS 1 PAHOKEE LANE CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP Mexicular, M3 39305	Addition
TITLE ST Delete TITLE PLANGER LARGON, DAVE STREET ADDRESS CITY-S1-ZIP SUWANEE, GA 30024 Delete TITLE PLANGER PLANSON, DAVE STREET ADDRESS CITY-S1-ZIP	Addition
TITLE PD Delete TITLE VP Change NAME GARVEY, RANDY STREET ADDRESS 8502 GILLETTE STREET ADDRESS 10535 Red Wing Circle CITY-ST-ZIP CITY-ST-ZIP Olathe, K5 Wellocks	Addition
	☐ Addition
TITLE Delete TITLE Change NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes.	Addition

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 aptdress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

3/10/06

850-837-1071