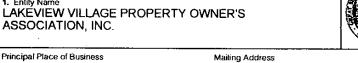
2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 29, 2008 8:00 am Secretary of State

02-29-2008 90018 005 ****61.25

DOCUMENT # N97000002054



C/O 2884 S. OSCEOLA AVE Orlando, FL 32806		C/O 2884 S. OSCEOLA AVE Orlando, Fl. 32806					
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address	.				
101 Park Place Blud		101 Park Place Blod			1811 89131 WALL ADMI ABSH WALE 119	N BOLDI BLLI DIRI L	EL EL EL
Suite, Apt. #, elc.		Suite, Apt. #, etc.		02072008 Ch	g-NP CR2E03	7 (12/06)	
K155	· — —)	Kissimme	LFL	4. FEI Number 59-3725120	0 ,		olied For Applicable
^{Zip} 347	USA Country	34741	Country USA	5. Certificate of Sta		\$8.75 Addi Fee Required	
	6. Name and Address of Current F	7. Name and Addr	7. Name and Address of New Registered Agent				
FLORIDA 101 PARK	TION MANAGMENT GROUP O 'INC." — — — — — — (PLACE BLVD., STE. 2 EE, FL 34741			(P.O. Box Number is Nor Acceptable)			
			City		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, and accept the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent ar	id title if applicable. (NOTE: R	Registered Agent signature requir	ed when renstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State		
10.	OFFICERS AND DIRE	CTORS	11.		S TO OFFICERS AND DIF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPOSITO, KELLY 2919 SUMMER WINDS CIR. ST CLOUD, FL 34769	□ Oelete	NAME STREET ADDRESS CITY-ST-ZIP	inita Hay 111 Summ Cloud Fo	gan urwinds C L 34769	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, GARY 2938 COOL BREEZE CIRCLE SAINT CLOUD, FL 34769	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
	01 Will OEOOD, 1 E 041 00		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAALMA, JODI 2966 COOL BREEZE CIRCLE ST CLOUD, FL 34769	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	SD SCHAALMA, JODI 2966 COOL BREEZE CIRCLE	Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD SCHAALMA, JODI 2966 COOL BREEZE CIRCLE	· · ·	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	SD SCHAALMA, JODI 2966 COOL BREEZE CIRCLE	_ Detete	TITLE NAME STREET ADDRESS GTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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:

Daytime Phone #