2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90238 021 ****61.25

Zip Country Zip Country 59-3499751 Not A Zip Country Zip Country 5. Certificate of Status Desired Address of New Registered Agent - Name Name Name Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Note: Registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Note: Registered Agent agent agent agent agent agent and bits it applicable. (NOTE: Registered Agent agentative required when remaining) DATE Filing Fee is \$81.25 Due by May 1, 2007 Street Address (P.O. Box Number is Not Acceptable) DATE Filing Fee is \$81.25 Due by May 1, 2007 Street Address (P.O. Box Number is Not Acceptable) Street Address of New Registered Agent To Name and Address of New Registered Agent Name Agent A	lied For Applicable ional
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779-5044 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, an the obligations of registered agent. SIGNATURE Filling Fee is \$81.25 Due by May 1, 2007 PL Signature, typed or profiled name of registered agent and this if applicable. Filling Fee is \$81.25 Due by May 1, 2007 Frust Fund Contribution. Details Added to Fees Florida Department of State of State of New Registered Agent Separation required when reinstating Department of State of Florida Department of State of State of New Registered Agent Separation required when reinstating Department of State of Florida Department of State of State of New Registered Agent Separation required when reinstating Department of State of Florida Department of State of New Registered Agent Separation required when reinstating Department of State of Florida Departm	
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HART, JAMES W JR % SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779-5044 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, an the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 Piection Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete INTLE PD Delete JOHNSON, NANCY SIREET ADDRESS 14040 EAGLE RIDGE LAKES DR #201 STREET ADDRESS 14040 EAGLE RIDGE LAKES DR #103 FOOT MAKE SIREGI ADDRESS FOOT MAKE SIGNED STATES STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS POT MAKE SIDGE LAKES DR #103 FOOT MAKE SIDGE LAKES DR #103 FOOT MAKE SIDGE LAKES DR #103	nd accept
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TITLE NAME ZANNINI, BEN STREET ADDRESS CITY-SI-ZIP 14061 EAGLE RIDGE LAKES DR #101 STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not quality for the exemptions.	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 address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR

Date

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