2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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NAME SITRET ADDRESS CITY-ST-ZIP TITLE VSD ORMOND BEACH, FL 32175 TITLE OURRANCE, TOMMY STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 321730549 TITLE D ORMOND BEACH, FL 321730549 TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD		BUSINESS CENTER LAN TION, INC.	NDOWN	ERS							
Suite, Apt. #, etc. City & State Name Name Name Name Name Street Address of Norwhell in Not Acceptable) Street Address (P.O. Sox Number in Not Acceptable) State Address (P.O. Sox Number in	131-B BUSIN Suite 11	IESS CENTER DRIVE	P.O. B	OX 1626	2175				ii Ba na Bana ii	8)) 83(8)	TIII BI DI IODI
City & State City & State Address of New Registered Agent The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida. I am familiar with, and acceptation City & FL Zip Code City & FL Zip Code	2. Principal P	lace of Business	3. Mailii	ng Address							
Space Spac	Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.			02252006	Chg-NP	CR2E0	37 (11/05)	
S. Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent. 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 Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligati	City & State	9	City	& State							<u> </u>
BLEDSOE, RONNIE 131-B BUSINESS CENTER DRIVE SUITE 11 ORMOND BEACH, FL 32174 City FL Zip Code	Zip	Country	Zip		Cou	intry	5. Certificate of	of Status Desired		\$8.75 Add	ditional
BLEDSOE, RONNIE 131-B BUSINESS CENTER DRIVE SUITE 11 ORMOND BEACH, FL 32174 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 Time Time Trust Fund Controllation Trust		6. Name and Address of Curren	t Registered	d Agent	-		7. Name and	Address of New R	Registered .	Agent	
SIJUTE 11 ORMOND BEACH, FL 32174 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, types of professional or registered agent and in submits in the familiar with and accept the obligations of registered agent. OATE	DI EDGOE	PONNIE				Name					
## City FL Zip Code	131-B BUSINESS CENTER DRIVE			Street Address			(P.O. Box Number	r is Not Acceptable	e)		
B. 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 and stee if applicable (NOTE: Registered Agent sphere required when ministating) DATE Filling Fee its \$61.25		BEACH, FL 32174									
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 type or printed sense of registered agent and tide if applicable. (NOTE Registered Agent synature required when reintating)						City			FI	Zip Cod	le
Signetive, Typed or printed name of requested abort expectative Agent spreautry required when ministrating) S\$5.00 May Be Make check payable to Florida Department of State			for the purpo	se of changing its	register	L. ed office or registe	red agent, or both	n, in the State of Flo	orida. I am	familiar with	, and accept
Trust Fund Contribution. Adddd to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PTD	SIGNATURE .		nt and title if appli	cable. (NOTE	: Registere	d Agent signature require	d when reinstating)	<u> </u>	DATE		
TITLE MAME BLEDSOE, RONNIE BLE											
NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32175 TITLE VSD OUNGAND BEACH, FL 32175 TITLE OURSANCE, TOMMY STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 321730549 TITLE D ORMOND BEACH, FL 321730549 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S		· · · · · · · · · · · · · · · · · · ·						7]			
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND D PTD BLEDSOE, RONNIE P.O. BOX 1626 ORMOND BEACH, FL 32175 VSD DURRANCE, TOMMY POST OFFICE BOX 730549 ORMOND BEACH, FL 3217308 D TUMBLESON, J D P.O. BOX 1626		Trust Fund C	11. TITLI NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	Added to Fees	Flor	rida Depar	Change Change	N 10 Addition Addition

indicated on this report or supplementar 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 trusted 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:

JAMES RONNIE BLEDSOE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-676-1501